

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 10-Sep-2022 10:15 AM

Customer Name : **MRS.SRIJA**DOB : **16 Apr 1994**Ref Dr Name : **MediWheel**Age : **28Y/FEMALE**Customer Id : **MED111293171**Visit ID : **712227739**

Email Id :

Phone No : **7760177926**Corp Name : **MediWheel**

Address :

Package Name : **Mediwheel Full Body Health Checkup Female Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN) - P				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS) - P				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs) - P				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BUN/CREATININE RATIO - P				
16	LAB	BLOOD GROUP & RH TYPE				

(Forward Reverse)					
HERS	physical examination	MYS2722126102651			
US	ULTRASOUND ABDOMEN	MYS2722126103462			
9	OTHERS Head / 2D Echo ✓	MYS2722126127528			4:30 PM
20	OTHERS EYE CHECKUP	MYS2722126135592			
21	X-RAY CHEST <i>Don't carry</i>	MYS2722126145199			
22	OTHERS Consultation Physician	MYS2722126148004			
23	ECHO ELECTROCARDIOGRAM ECG <i>Don't</i>	MYS2722126149333			

Registered By

(R.SUNILKUMAR)

H - 155 cm

W - 80 kg

BP - 120/80 mm Hg

Plus - 10G

HFP - 28 inch

waist - 38 inch

FITNESS CERTIFICATE

NAME: <i>Srisa</i>	AGE: <i>28</i>	
Ht: <i>155</i> CMS	Wt: <i>80</i> KGS	SEX: <i>Female</i>

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	<i>80</i> / <i>mt</i> / <i>mmHg</i> <i>120/80</i>
INSPIRATION	<i>245</i>
EXPIRATION	<i>244</i>
CHEST CIRCUMFERENCE	
PREVIOUS ILLNESS	<i>None</i>
VISION	
FAMILY HISTORY	FATHER: MOTHER: <i>Diabetes</i>

REPORTS: *Anaemia*
Advised Iron supplements & to follow up
with gynecologist

DATE: *10/09/2022*
 PLACE: *Mysuru*

Nikhil B
 CONSULTANT PHYSICIAN
Dr. NIKHIL. B.
 M.D., D.M.(Cardiologist)
 Interventional Cardiologist
 KMC Reg. No.: 90111



Customer Name	MRS.SRIJA	Customer ID	MEDI11293171
Age & Gender	28Y/FEMALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.8cms
LEFT VENTRICLE (DIASTOLE)	:	4.5cms
(SYSTOLE)	:	2.6cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	6.1ml
ESV	:	23ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	63%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.85m/s	'A' - 0.28m/s	NO MR
AORTIC VALVE	:	0.99m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.69m/s	'A' - 0.60m/s	NO TR
PULMONARY VALVE	:	0.75m/s		NO PR



and should be co-
 ns indicated are
 10/09/2022

Customer Name	MRS.SRIJA	Customer ID	MED111293171
Age & Gender	28Y/FEMALE	Visit Date	10/09/2022
Ref Doctor	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: 63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

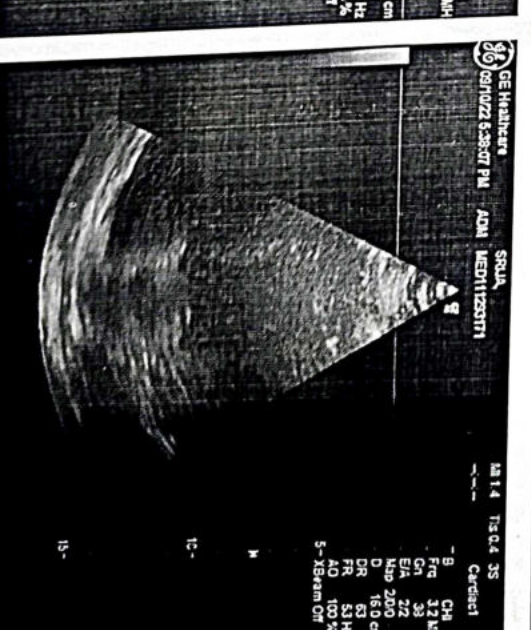
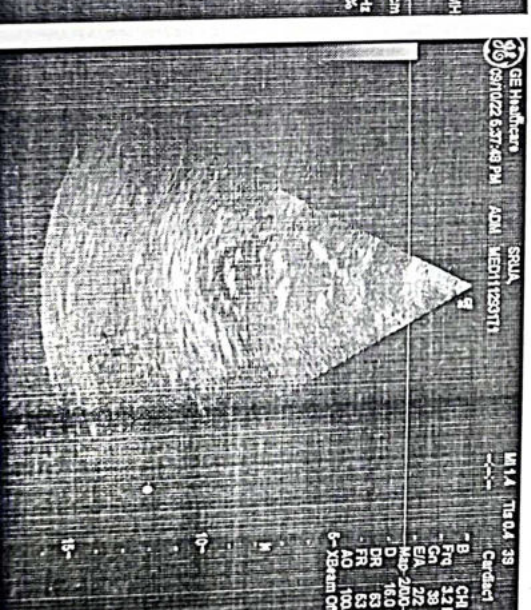
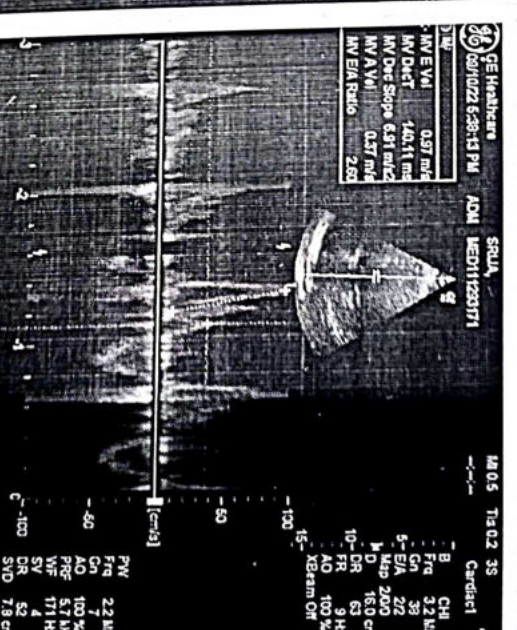
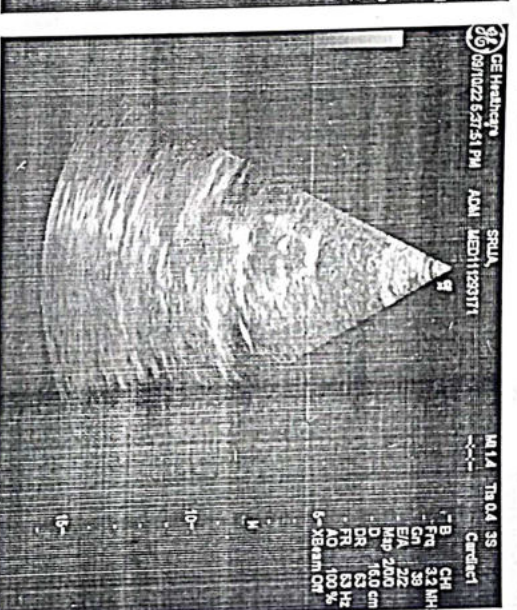
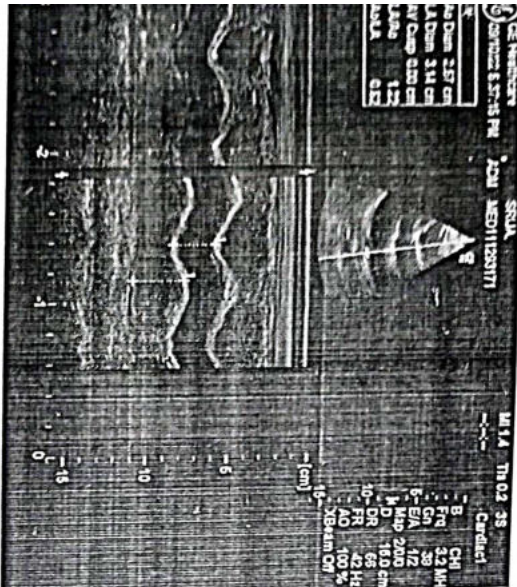
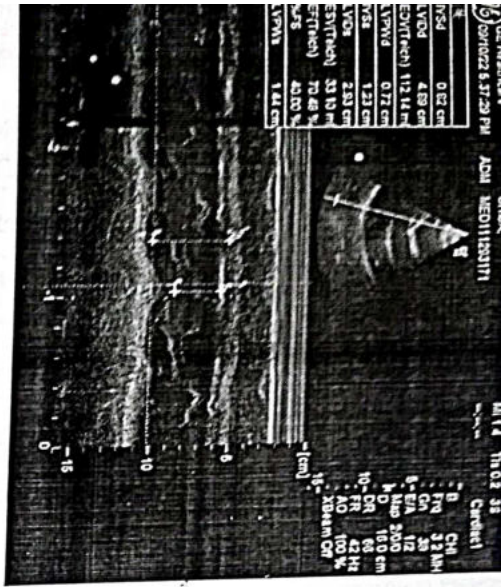


DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
 NB/TG

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.



...indicated are...
...and should be con...
...dition at the time of samp...
...representative and shall not be

NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date : 10/9/22

Patient's Name : Mrs. Sreya

OP No. 121030

Q6/E

2:50pm

for medical antifer

Dr. Priya. D
M.B.B.S., D.O.
Consultant Glaucoma & Cataract
KMC No. 88421

Uncorrected vision

RE: 6/60, N6

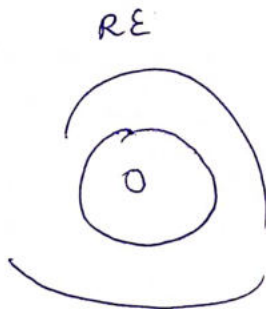
LE: 6/60, N6

Acc :

RE: -2.25D / -1.25D @ 175 6/6

LE: -2.25D / -1.25D @ 160 6/6

A/S



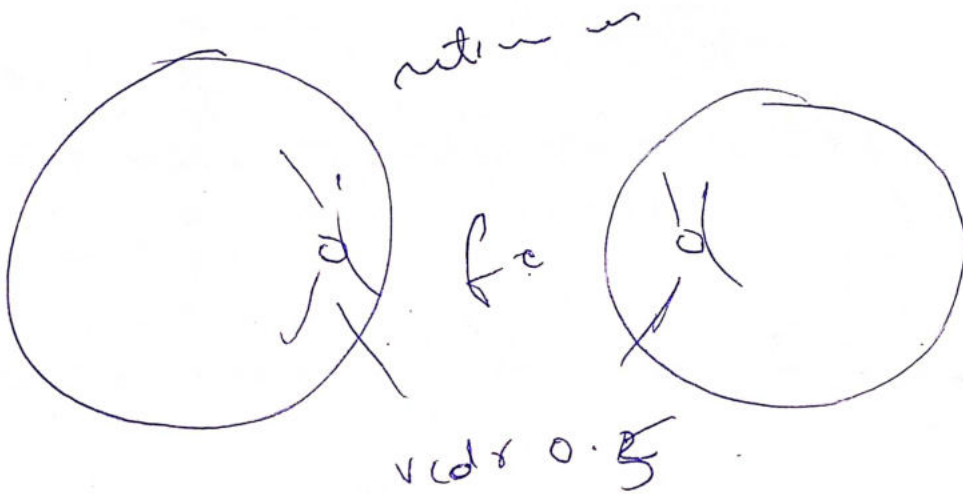
clear corne
AC: VM IV
pupil normal



IOP < 13
(NCT) 15 - 20

Colore vision (BC) 38/38
(Ischihan)

Fundus



(BC) Myopia
Astigmatism

Alamat
Ad: KIA Igr / SOS

Pirip

(Dr Pirip)
10/9/2024
4.28 pm

Customer Name	MRS.SRIJA	Customer ID	MED111293171
Age & Gender	28Y/FEMALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform 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.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	1.9
Left Kidney	10.5	2.0

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

UTERUS is gravid with single live intrauterine gestation.
Ovaries are not visualised.
No evidence of ascites.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED.
- GRAVID UTERUS.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS



DR. MOHAN B

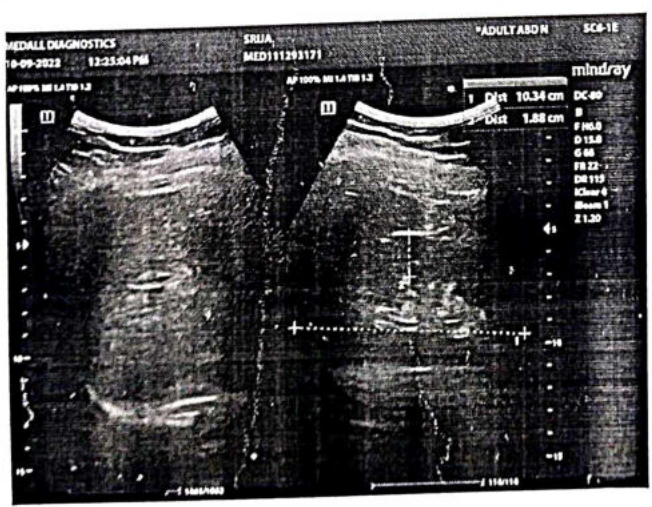
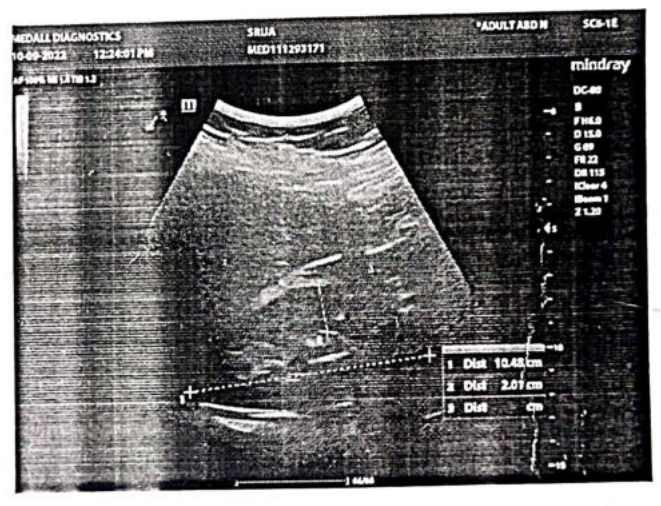
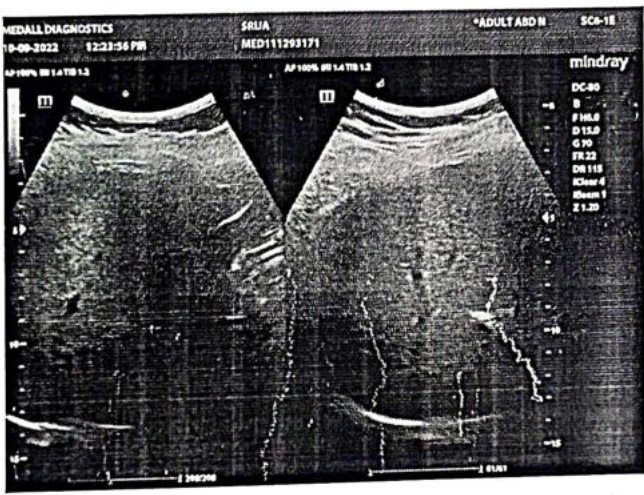
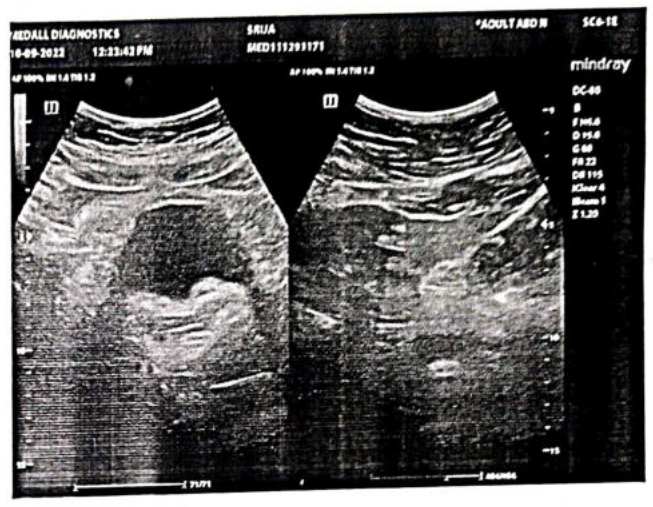


dition at the time of sa.
representative and shall not
ions indicate.
ve and should be

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MRS.SRIJA	Customer ID	MED111293171
Age & Gender	28Y/FEMALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

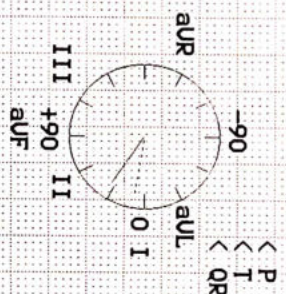


You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



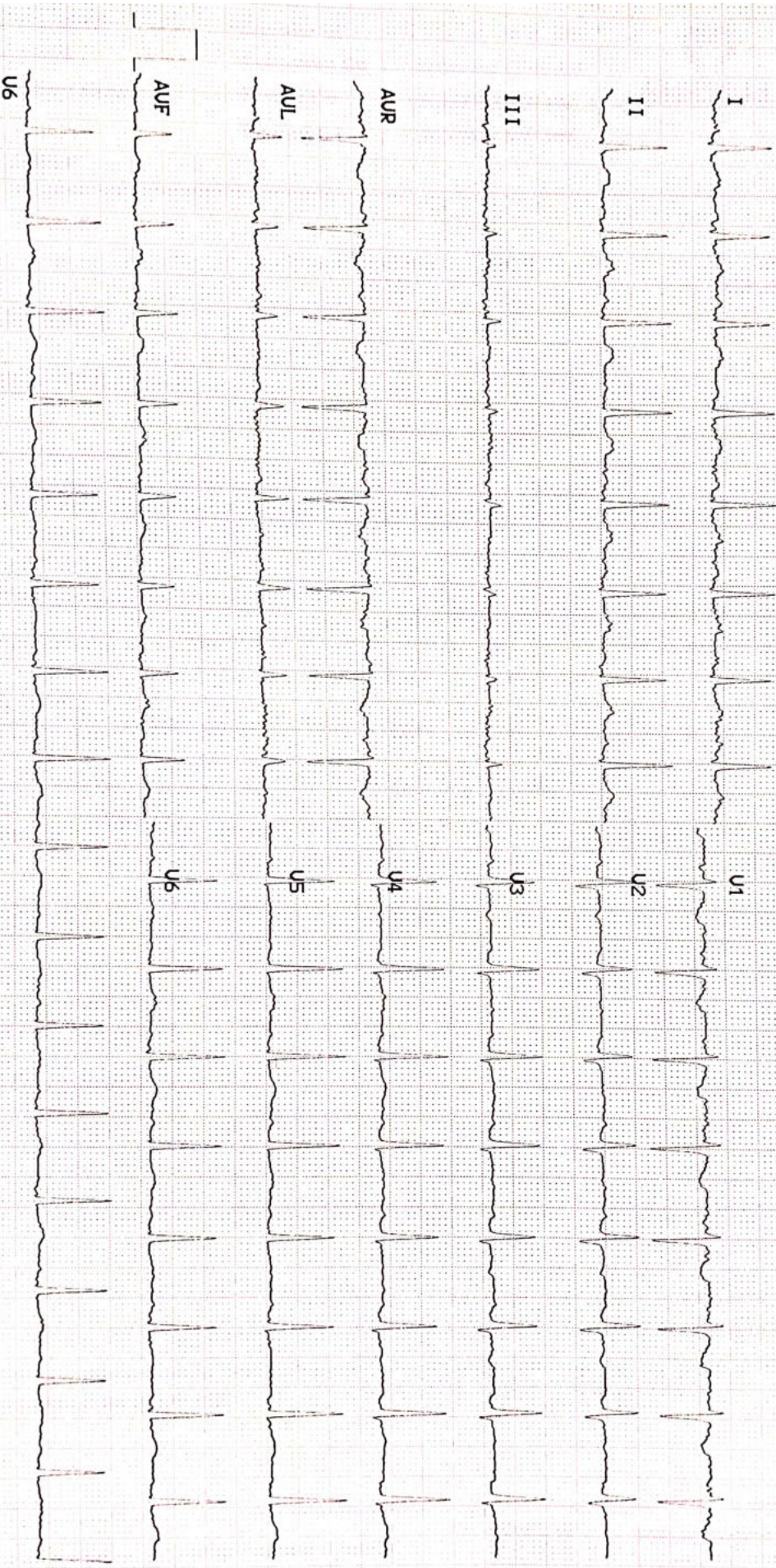
Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

AGE: 28
 Measurement Results:
 QRS : 84 ms
 QT/QTcB : 352 / 456 ms
 PR : 136 ms
 P : 86 ms
 RR/PP : 596 / 590 ms
 P/QRS/T : 10 / 35 / 35 degrees
 QTd/QTcBd : 32 / 41 ms
 Sokolow : 1.9 mV
 NK : 14



Interpretation: *sinus tachycardia*
 R/S inversion area between U1 and U2
 probably normal ECG
Arly

Unconfirmed report.



Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	9.4	g/dL	12.5 - 16.0
---	-----	------	-------------

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

Remark: Kindly correlate clinically.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	32.0	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.03	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	80.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	23.3	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	29.3	g/dL	32 - 36
RDW-CV (Derived)	17.9	%	11.5 - 16.0
RDW-SD (Derived)	50.12	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	11640	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	67	%	40 - 75


Dr Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138


APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	27	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	7.80	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.14	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.23	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.47	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	429	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	11.0	fL	8.0 - 13.3
PCT	0.47	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	24	mm/hr	< 20


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM




Investigation

Observed
Value

Unit

Biological
Reference Interval

Remark: Kindly correlate clinically.



Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.90	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.41		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the preferred method			
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	17	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	15	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	72	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	8	U/L	< 38

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	157	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
--	-----	-------	--

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	126	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/Immunoinhibition)	45	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
---	----	-------	--

LDL Cholesterol (Serum/Calculated)	86.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	------	-------	---

VLDL Cholesterol (Serum/Calculated)	25.2	mg/dL	< 30
--	------	-------	------

Non HDL Cholesterol (Serum/Calculated)	112.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
---	-------	-------	--

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

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)	3.5		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)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.9	%	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 122.63 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 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.



Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.55	ng/ml	0.7 - 2.04
---	------	-------	------------

INTERPRETATION:

Comment :

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

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	15.94	Microg/dl	4.2 - 12.0
--	-------	-----------	------------

INTERPRETATION:

Comment :

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

Remark: Kindly correlate clinically.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.641	μIU/mL	0.35 - 5.50
---	-------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

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

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

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

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.025		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

Dr Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138


APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	4-5	/hpf	No ranges
Others (Urine)	Nil		Nil


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'

Remark: Test to be confirmed by gel method.

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular stamp. The stamp is pink and blue and contains the text: "Dr Shouree K.R", "MBBS MD DNB", "Consultant Pathologist", and "Reg No : KMC 103138".

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



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

BIOCHEMISTRY

BUN / Creatinine Ratio	11.5		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	78	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	97	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	4.6	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.4	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.

Remark: Kindly correlate clinically.

Uric Acid (Serum/Uricase/Peroxidase)	3.7	mg/dL	2.6 - 6.0
---	-----	-------	-----------

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SRIJA
PID No. : MED111293171
SID No. : 712227739
Age / Sex : 28 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:15 AM
Collection On : 10/09/2022 11:15 AM
Report On : 11/09/2022 3:09 PM
Printed On : 11/09/2022 4:04 PM



-- End of Report --