### MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 23-Jul-2022 8:11 AM

Customer Name: MRS.RAMYA S

36

DOB

:05 Apr 1983

Ref Dr Name :MediWheel Age

:3 K/FEMALE

Customer Id

:MED110703981

:712222350

Email Id

Wisit ID

Corp Name

:MediWheel

Phone No :9949607422

Address

5:30pm

Package Name: Mediwheel Full Body Health Checkup Female Below 40

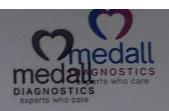
Accession No Time	ol	Seq	Signature
JREA NITROGEN			
E - FASTING			
E - POSTPRANDIAL			
/LATED			
GLOBIN (HbA1c)			
OFILE			
JNCTION TEST (LFT)			
ID			
LUCOSE - FASTING	1		
LUCOSE -	1		
NDIAL (2 Hrs)			
E BLOOD COUNT	L		
2			
PROFILE/ TFT( T3,	L		
	1		
NALYSIS - ROUTINE	L		
DUTINE	L		12.134
INE	L		
ROUP & RH TYPE	1		
Reverse)			
Reverse)			-

100	10	BUN/CREATININE RATIO	dustri Dotailo i tint i ago	
	AB	BON/CREATININE RATIO		
1	OTHERS	physical examination	MYS2704413102651	
18	US	ULTRASOUND ABDOMEN	MYS2704413103462	
19	OTHERS	Treadmill / 2D Echo	MYS2704413127528 <	1:70 BW
20	OTHERS	EYE CHECKUP	MAY C 270 4 4 1 2 1 2 5 5 6 2 1	elhoolhom horridal
21	X-RAY	X RAY CHEST	MYS2704413145199	
22	OTHERS	Consultation Physician	MYS2704413148004	1600
23	ЕСНО	ELECTROCARDIOGRAM ECG	MYS2704413149333 7 2	

HB1-126.

Registerd By
(A.JAYASHREE)

1-13:-52 cm wast:-42 cm 88: !-120/80 mm Hg RUHS:-112



# FITNESS CERTIFICATE

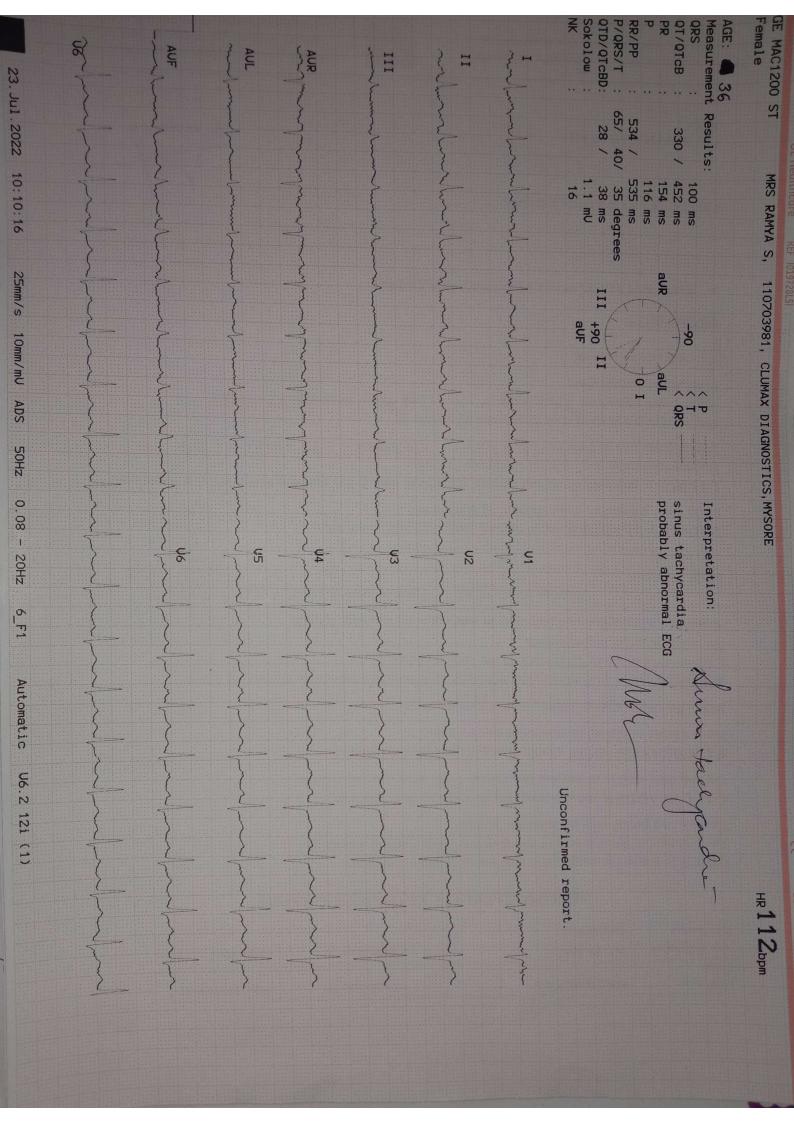
NAME: Mrs - Range -S	AGE: 36		
Ht: \56 CMS	wt: 102 kgs	SEX: Female	

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	80 / mt / /mmHg 130 80
INSPIRATION	65 Cm
EXPIRATION	64 Cm
CHEST CIRCUMFERENCE	65 Cm
PREVIOUS ILLNESS	
VISION	66, N6 38/38
FAMILY HISTORY	FATHER: Diabelic MOTHER:

REPORTS:

DATE: 93/07/22
PLACE: Mysore







Cystomer	MRS.RAMYA S	Customer ID	MED110703981	
Name		Wait Date	23/07/2022	
Age & Gender	36Y/FEMALE	Visit Date		
Ref Doctor	MediWheel			

# ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary duetal 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 hydronephrosis.

Nonobstructing left renal calculus in mid calyx measuring 4.9mm

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.8	2.0
Left Kidney	11.0	2.1

URINARY BLADDER show normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.

Endometrial echo is of normal thickness 4.9mms.

Uterus measures as follows: LS: 6.1cms

AP: 3.8cms

TS: 4.6cms.

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

Right ovary measures: 2.5x2.2cms

Left ovary measures: 2.2x2.1cms

POD & adnexa are free.

No evidence of ascites.

## **IMPRESSION:**

> NONOBSTRUCTING LEFT RENAL CALCULUS.

**CONSULTANT RADIOLOGISTS** 

DR. ANITHA ADARSH MB/SV

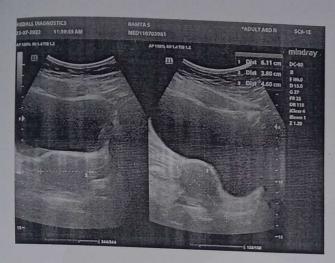
DR. MOHAN B



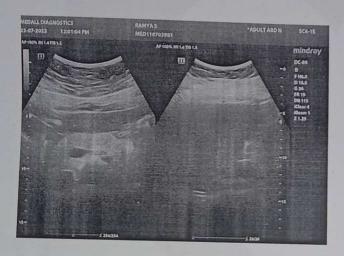
## Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore

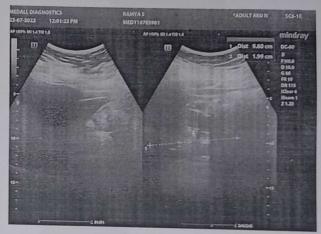


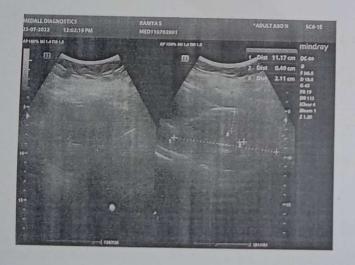
stomer Name	MRS.RAMYAS		experts who car
ge & Gender	36Y/FEMALE	Sustomer ID	MED110703981
Ref Doctor	MediWheel	isit Date	23/07/2022
		STATE OF THE PARTY	















Customer Name	MRS.RAMYA S	Customer ID	MED110703981
Age & Gender	36Y/FEMALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		

## 2 D ECHOCARDIOGRAPHIC STUDY

## M mode measurement:

AORTA : 3.0cms

LEFT ATRIUM : 3.1cms

LEFT VENTRICLE (DIASTOLE) : 4.6cms

(SYSTOLE) : 2.8cms

VENTRICULAR SEPTUM (DIASTOLE) : 1.0cms

(SYSTOLE) : 1.3cms

POSTERIOR WALL (DIASTOLE) : 1.0cms

(SYSTOLE) : 1.4cms

EDV : 75ml

ESV : 30ml

FRACTIONAL SHORTENING : 37%

EJECTION FRACTION : 60%

RVID : 1.7cms

## **DOPPLER MEASUREMENTS:**

MITRAL VALVE : 'E' - 0.74m/s 'A' - 070m/s NO MR

AORTIC VALVE : 1.01m/s NO AR

TRICUSPID VALVE : 'E' - 0.79m/s 'A' - 0.45m/s NO TR

PULMONARY VALVE : 0.81m/s NO PR





Customer Name	MRS.RAMYA S	Customer ID	MED110703981	
Age & Gender	36Y/FEMALE	Visit Date		
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.

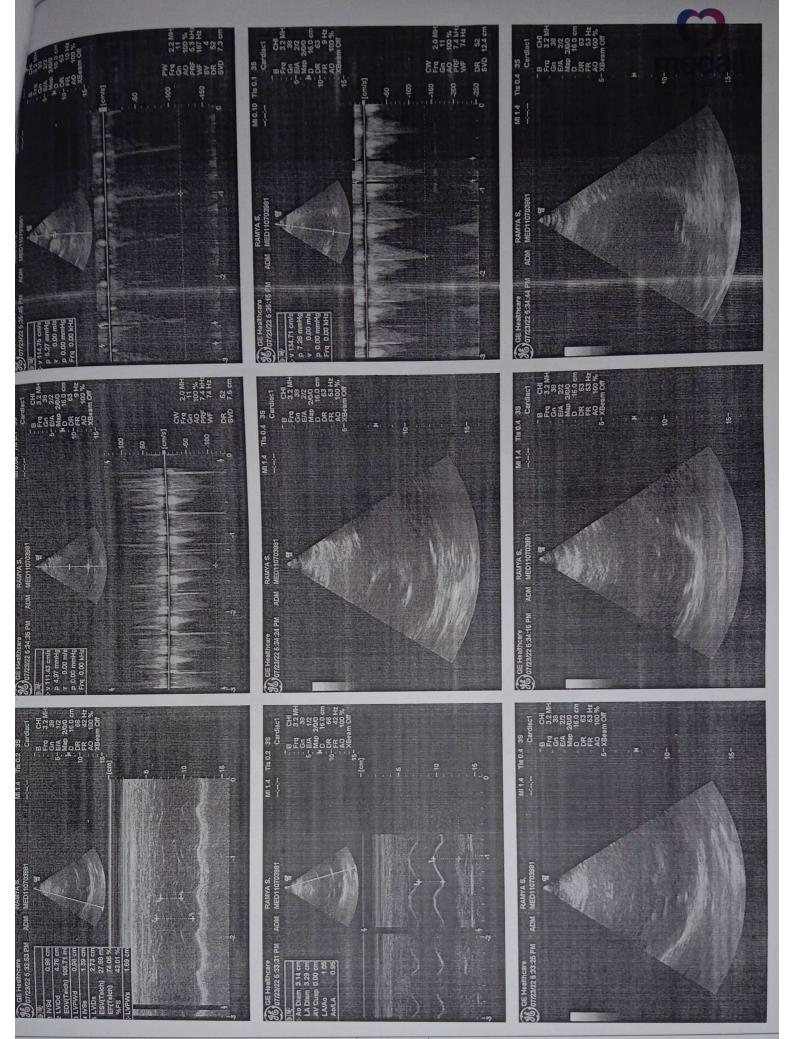
## **IMPRESSION:**

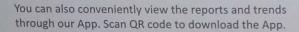
- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF: 60%.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

Vicent

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/TG









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.



# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date :23).0.7/22

Patient's Name: MYA Ramy q. S.

OP No. 1169863

36 4M/F

12:40 PM

NOT ( 18

Dr. Richa MBBS, DOMS, DNB Consultant-Vitreo Retina KMG Reg. No.: 105719

BCVA (616, N6

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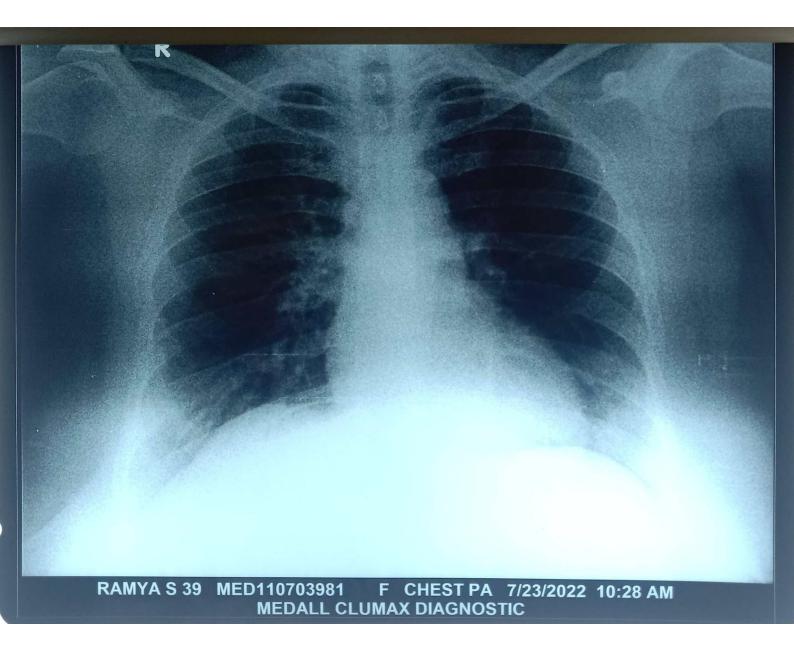
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anagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816

ijinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918

ranagar Branch : 080-4333 2555 Mobile : 81973 51609 ore Branch : 0821-4293000 Mobile : 94490 03771 galore Lasik Centre : 0824-2213801 Mobile : 97410 26389 angere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R/FD/07/13



PID No. : MED110703981

SID No.

**Type** 

Ref. Dr

**Investigation** 

: 712222350

Age / Sex : 36 Year(s) / Female

: OP

: MediWheel

Register On : 23/07/2022 8:11 AM

Collection On : 23/07/2022 9:22 AM

Report On : 23/07/2022 4:49 PM

: 24/07/2022 11:37 AM **Printed On** 



## **HAEMATOLOGY**

#### Complete Blood Count With - ESR

Haemoglobin 12.2 g/dL 12.5 - 16.0

(EDTA Blood/Spectrophotometry)

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)	35.6	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	3.90	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	91.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	31.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.4	g/dL	32 - 36
RDW-CV (Derived)	21.6	%	11.5 - 16.0
RDW-SD (Derived)	68.80	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	10790	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	36	%	20 - 45



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

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.93	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.88	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.86	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μΙ	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	528	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i> )	9.7	fL	8.0 - 13.3
PCT	0.51	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	88	mm/hr	< 20

Dr Shouree K.R. MBBS MD DNB Consultant Pathologist

**APPROVED BY** 

Reg No: KMC 103138

Remark: Kindly correlate clinically.

PID No. : MED110703981

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.00	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.9	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.60	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.19		1.1 - 2.2
INTERPRETATION: Remark: Electrophoresis is the p	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	16	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	108	U/L	42 - 98
Remark: Kindly correlate clinically.			
GGT(Gamma Glutamyl Transpeptidase)	18	U/L	< 38



(Serum/IFCC / Kinetic)

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Ref. Dr : MediWheel



Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	171	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	97	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.

Part or the stay			
HDL Cholesterol (Serum/Immunoinhibition)	56	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	95.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	115.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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

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 3.1 Optimal: < 3.3Low Risk: 3.4 - 4.4 (Serum/Calculated)

Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

Triglyceride/HDL Cholesterol Ratio 1.7 Optimal: < 2.5

(TG/HDL)

(Serum/Calculated)

LDL/HDL Cholesterol Ratio 1.7

(Serum/Calculated)

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0

High Risk: > 6.0

MBBS MD DNB Consultant Pathologist Reg No: KMC 103138 **APPROVED BY** 

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: MediWheel



Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i> )	5.5	%	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 111.15 mg/dL

(Whole Blood)

#### **INTERPRETATION: Comments**

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

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC 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.

> MBBS MD DNB Consultant Pathologist Reg No: KMC 103138

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Ref. Dr : MediWheel

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

## **IMMUNOASSAY**

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.30 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### INTERPRETATION:

#### **Comment:**

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

4.2 - 12.013.67 Microg/dl T4 (Thyroxine) - Total

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

#### 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) 3.08 μIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

#### 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 uIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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

## **CLINICAL PATHOLOGY**

#### **PHYSICAL EXAMINATION**

Colour	Pale yellow	Yellow to Amber
--------	-------------	-----------------

(Urine/Physical examination)

20 Volume ml

(Urine/Physical examination)

Appearance Clear

(Urine)

#### **CHEMICAL EXAMINATION**

oH 6.0 4.5 - 8.0
------------------

(Urine)

1.010 Specific Gravity 1.002 - 1.035

(Urine/Dip Stick Reagent strip method)

Negative Negative Protein

(Urine/Dip Stick Reagent strip method)

Glucose Nil Nil

(Urine)

Nil Nil Ketone

(Urine/Dip Stick Reagent strip method)

Leukocytes Negative leuco/uL Negative

(Urine)

Nil Nil **Nitrite** 

(Urine/Dip Stick Reagent strip method)

Negative Bilirubin Negative mg/dL

(Urine)



**VERIFIED BY** 



PID No. : MED110703981 : 712222350 SID No.

Age / Sex : 36 Year(s) / Female Report On

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood	Nil		Nil
(Urine) Urobilinogen	Normal		Within normal limits
(Urine/Dip Stick Reagent strip method)	rvormar		Within normal limits
Urine Microscopy Pictures			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil



**VERIFIED BY** 

MBBS MD DNB Consultant Pathologist Reg No: KMC 103138

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Ref. Dr : MediWheel

: OP

Type



Investigation  Stool Analysis - ROUTINE	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Colour (Stool)	Brownish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	3-4	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil



**VERIFIED BY** 



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

## **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by Gel method.

'O' 'Positive'

Consultant Pathologist Reg No: KMC 103138

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SID No.

Ref. Dr

Register On

Report On

: 23/07/2022 8:11 AM

Collection On : 23/07/2022 9:22 AM

23/07/2022 4:49 PM

**Printed On** : 24/07/2022 11:37 AM



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	13.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	97	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

Nil

Nil

(Urine - F)

Glucose Postprandial (PPBS)

86

mg/dL 70 - 140

(Plasma - PP/GOD - POD)

#### 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)	9.3	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.7	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

Uric Acid 5.1 2.6 - 6.0mg/dL

(Serum/Uricase/Peroxidase)



-- End of Report --



Name	RAMYA S	ID	MED110703981
Age & Gender	36Y/F	Visit Date	Jul 23 2022 10:36AM
Ref Doctor	MediWheel		

## X – RAY CHEST PA VIEW

#### **LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

#### **CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

## **IMPRESSION**:

• NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.

DR. MOHAN. B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST