MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 10-Sep-2022 9:59 AM

Customer Name: MRS.MONISHA

:31 Dec 1996 DOB

Ref Dr Name

:MediWheel

:MED111293133

:712227731

Customer Id

Age Wisit ID

Email Id

Phone No :7794877072

:25Y/FEMALE

Corp Name

:MediWheel

Address

:RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE

Package Name: Mediwheel Full Body Health Checkup Female Below 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
	LAB	BLOOD UREA NITROGEN				
	8	(BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)		1.58		DI
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				1
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID			-	
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)	V			
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE	-P	•		
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				

Patient Details Print Page	Patient	Details	Print	Page
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£ 100			1.21	
	BUN/CREATININE RATIO			
THERS	physical examination	MYS2722112102651		
US	ULTRASOUND ABDOMEN	MYS2722112103462		
OTHERS	Treadmill / 2D Echo	MYS2722112127528		
OTHERS	EYE CHECKUP	MYS2722112135592		
X-RAY	X RAY CHEST	MYS2722112145199		
OTHERS	Consultation Physician	MYS2722112148004		
ECHO	ELECTROCARDIOGRAM ECG	MYS2722112149333		

Registerd By (SOWMYA.RAJU)



FITNESS CERTIFICATE

NAME: Monisha.	AGE: 35.		
Ht: 152 CMS	Wt: 60. KGS	SEX: 35	1=

PARAMETERS	MEASUREMENTS		
PULSE / BP (supine)	76 /mt //mmHg 100 70		
INSPIRATION	77		
EXPIRATION	3h		
CHEST CIRCUMFERENCE			
PREVIOUS ILLNESS			
VISION			
FAMILY HISTORY	FATHER: Some		

REPORTS:

within

and linets

REPORTS:

DATE: 10(09) 208

PLACE:

rysum

CONSULTANT PHYSICIAN

Dr. NTKHIL. B.

M.D., D.M. (Cardiologist)

Interventional Cardiologist

KMC Reg. No.: 90111





Customer Name	MRS.MONISHA	Customer ID	MED111293133
Age & Gender	25Y/FEMALE	Visit Date	10/00/00
Ref Doctor	MediWheel	visit Date	10/09/2022

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 2.9cms

LEFT ATRIUM : 2.9cms

LEFT VENTRICLE (DIASTOLE) : 4.4cms

(SYSTOLE) : 2.8cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.1cms

POSTERIOR WALL (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.1cms

EDV : 61ml

ESV : 23ml

FRACTIONAL SHORTENING : 36%

EJECTION FRACTION : 62%

RVID : 1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE : 'E' - 0.85m/s 'A' - 0.27m/s NO MR

AORTIC VALVE : 1.01m/s NO AR

TRICUSPID VALVE : 'E' - 0.77m/s 'A' - 0.45m/s NO TR

PULMONARY VALVE : 0.77m/s NO PR





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Customer Name	MRS.MONISHA	Customer ID	MED111293133
Age & Gender	25Y/FEMALE	Visit Date	10/09/2022
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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.

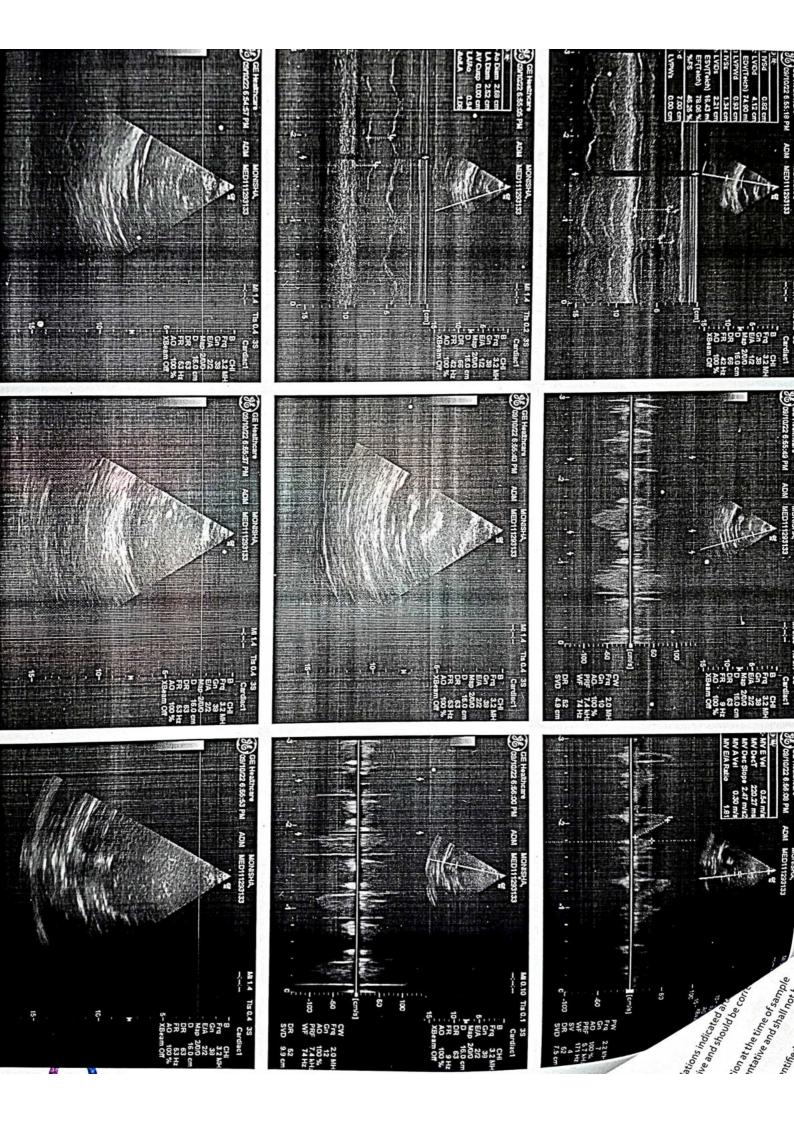
IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- ➤ NORMAL LV SYSTOLIC FUNCTION. EF: 62%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

Vicent

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/TG







Customer Name	MRS.MONISHA	Customer ID	MED111293133
Age & Gender	25Y/FEMALE	Visit Date	10/00/00
Ref Doctor	MediWheel	visit Date	10/09/2022

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.

Di i serie	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney .	9.8	1.7
Left Kidney	9.2	1.8

URINARY BLADDER partially distended.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness 4.5 mms.

Uterus measures as follows: LS: 6.6cms

AP: 3.8cms

TS: 5.1cms.

OVARIES are normal size, shape and echotexture.

Right ovary not visualised.

Left ovary measures: 2.2x1.8cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

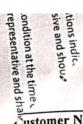
> NO SIGNIFICANT ABNORMALITY DETECTED.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

DR. MOHAN B

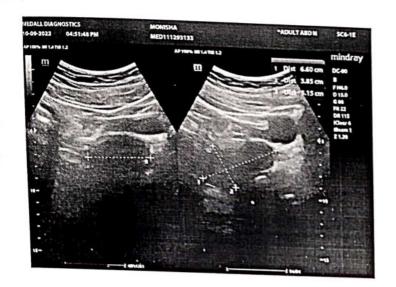


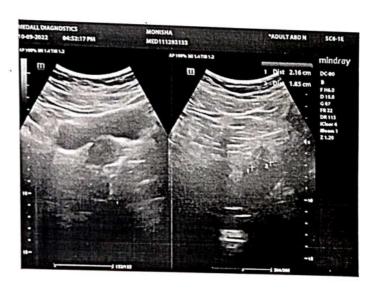


Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore

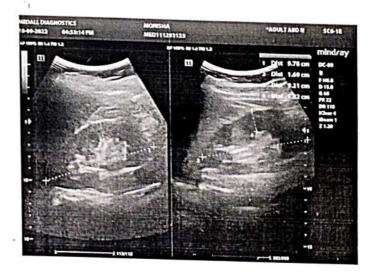


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Age & Gender	25V/FEMALE Customer ID MEDITA	293133
Ref Doctor	MediWheel Visit Date 10/09/202	

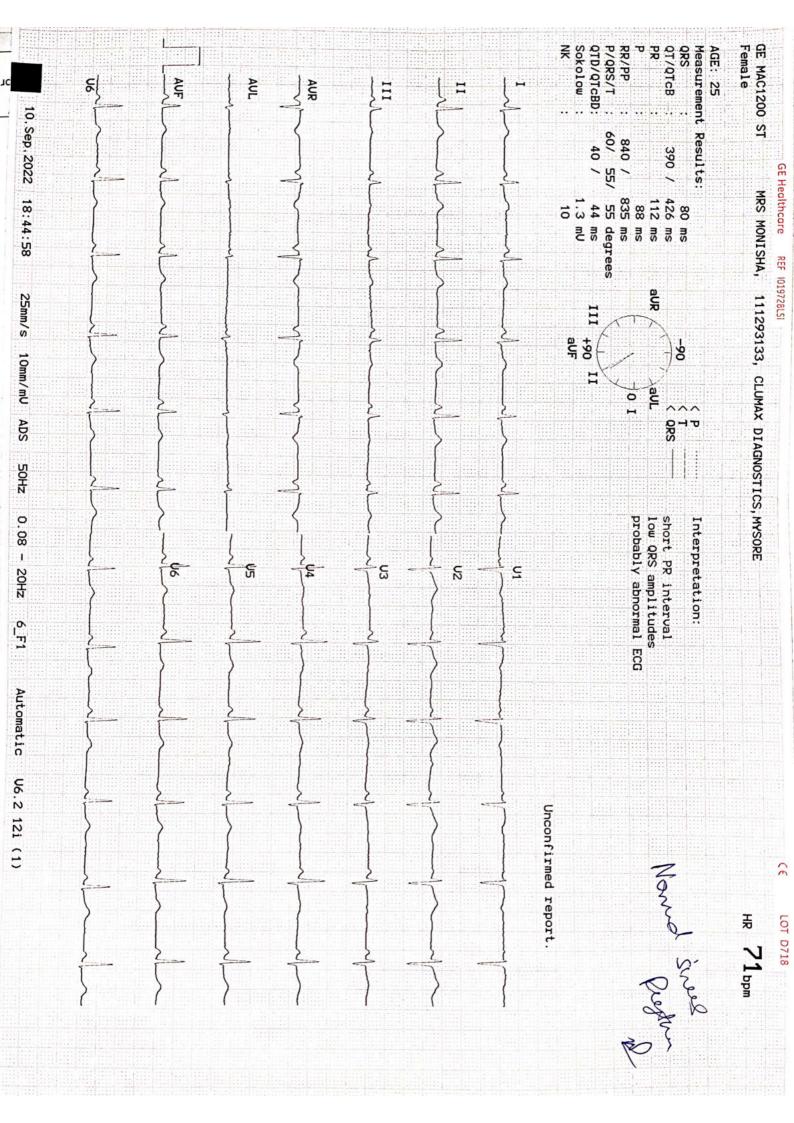


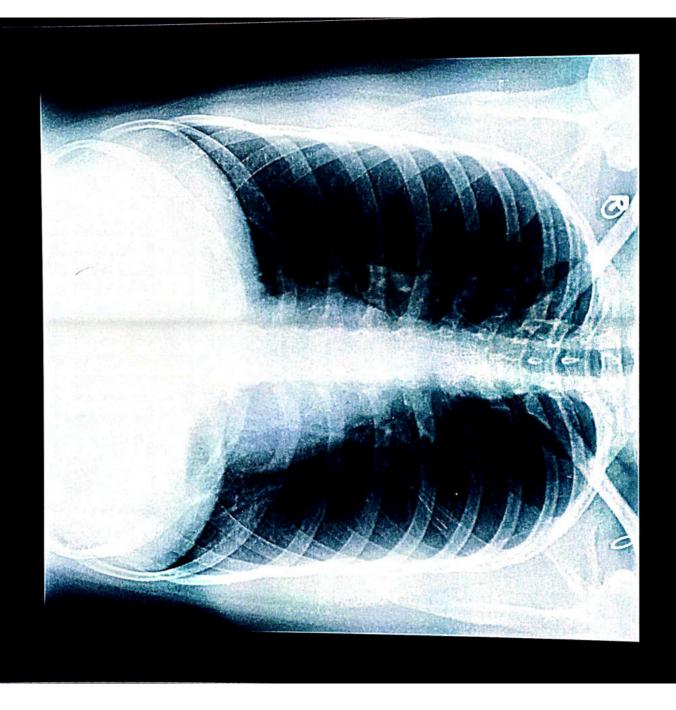












PID No. : MED111293133

: 712227731

Age / Sex : 25 Year(s) / Female

: OP

SID No.

Type

Ref. Dr

Investigation

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Report On



HAEMATOLOGY

Complete Blood Count With - ESR

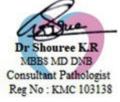
Haemoglobin	11.9	g/dL	12.5 - 16.0

(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)	39.8	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.57	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	87.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	26.1	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	30.0	g/dL	32 - 36
RDW-CV (Derived)	16.1	%	11.5 - 16.0
RDW-SD (Derived)	49.02	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6930	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	49	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	43	%	20 - 45



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.40	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.98	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	328	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i>)	11.5	fL	8.0 - 13.3
PCT	0.38	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	14	mm/hr	< 20



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.1	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.0	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.10	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.90		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	17	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	112	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10	U/L	< 38



VERIFIED BY

MBBS MD DNB Consultant Pathologist Reg No: KMC 103138

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	166	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	88	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)	103.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.6	mg/dL	< 30



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Age / Sex : 25 Year(s) / Female

Type : OP

(Serum/Calculated)

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Investigation Observed **Unit Biological** <u>Value</u> Reference Interval Non HDL Cholesterol 121.0 mg/dL Optimal: < 130

Report On

Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq = 220$

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 3.7 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

Triglyceride/HDL Cholesterol Ratio 2 Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0 (TG/HDL)

High Risk: > 5.0(Serum/Calculated)

Optimal: 0.5 - 3.0 LDL/HDL Cholesterol Ratio 2.3 Borderline: 3.1 - 6.0 (Serum/Calculated)

High Risk: > 6.0



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Age / Sex : 25 Year(s) / Female **Report On** : 11/09/2022 12:10 PM

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Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
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 %

Remark: Kindly correlate clinically.

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

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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.28 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.

T4 (Thyroxine) - Total 12.68 Microg/dl 4.2 - 12.0

(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) 3.591 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 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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-	<u>Value</u>		Reference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

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

(Urine/Physical examination)

Volume 25 ml

(Urine/Physical examination)

Appearance Clear

(Urine)

CHEMICAL EXAMINATION

pH 6.5 4.5 - 8.0

(Urine)

Specific Gravity 1.015 1.002 - 1.035

(Urine/Dip Stick Reagent strip method)

Protein Negative Negative

(Urine/Dip Stick "Reagent strip method)

Glucose Nil Nil

(Urine)

Ketone Nil Nil

(Urine/Dip Stick Reagent strip method)

Leukocytes Negative leuco/uL Negative

(Urine)

Nitrite Nil Nil

(Urine/Dip Stick Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)



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Blood	Nil		Nil
(Urine)			
Urobilinogen	Normal		Within normal limits
(Urine/Dip Stick Reagent strip method)			
Urine Microscopy Pictures			
RBCs	Nil	/hpf	NIL
(Urine/Microscopy)			
Pus Cells	1-2	/hpf	< 5
(Urine/Microscopy)			
Epithelial Cells	4-5	/hpf	No ranges
(Urine/Microscopy)			
Others	Nil		Nil
(Urine)			



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InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by gel method.

'B' 'Positive'

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

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BIOCHEMISTRY			
BUN / Creatinine Ratio	14.5		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	87	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) 95 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 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)	8.7	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 etc.

Uric Acid 4.0 mg/dL 2.6 - 6.0

(Serum/Uricase/Peroxidase)



VERIFIED BY

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-- End of Report --



Name	MONISHA	ID	MED111293133
Age & Gender	25Y/F	Visit Date	Sep 10 2022 9:59AM
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

MRD

CONSULTANT RADIOLOGIST