

MYSORE-BALLAL CIRCLE

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date : 12/08/2023 08:09 AM



MED110105564



Customer Name : **MRS.SHRILATHA K.S**
 Ref Dr Name : **MediWheel**
 Customer Id : **MED110105564** Visit ID : **712327707**
 Age : **50Y/FEMALE** Phone No : **7829501576**
 DOB : **02 May 1973** Visit Date : **12/08/2023**
 Company Name : **MediWheel**

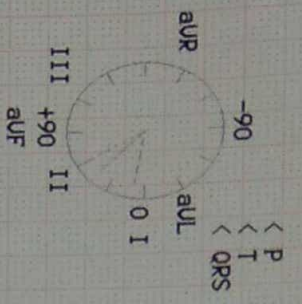
Package Name : **Mediwheel Full Body Health Checkup Female Above 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	GLUCOSE - FASTING			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
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)			
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	PAP SMEAR BY LBC (LIQUID BASED CYTOLOGY)			
15	LAB	CREATININE			
16	LAB	BUN/CREATININE RATIO			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
18	OTHERS	physical examination	MYS2821634102651		
19	US	ULTRASOUND ABDOMEN	MYS2821634103462		
20	MAMMOGRAPHY	MAMOGRAPHY-BOTH BREASTS	MYS2821634116678		
21	OTHERS	Treadmill / 2D Echo	MYS2821634127528		
22	OTHERS	Gynaecologist consultation	MYS2821634128083		
23	OTHERS	Dental Consultation	MYS2821634134969		
24	OTHERS	EYE CHECKUP	MYS2821634135592		
25	X-RAY	X RAY CHEST	MYS2821634145199		
26	OTHERS	Consultation Physician	MYS2821634148004		
27	ECHO	ELECTROCARDIOGRAM ECG	MYS2821634149333		

Registered By
(ABHISHEK.N)

BP - 120/80
Pulse - 99

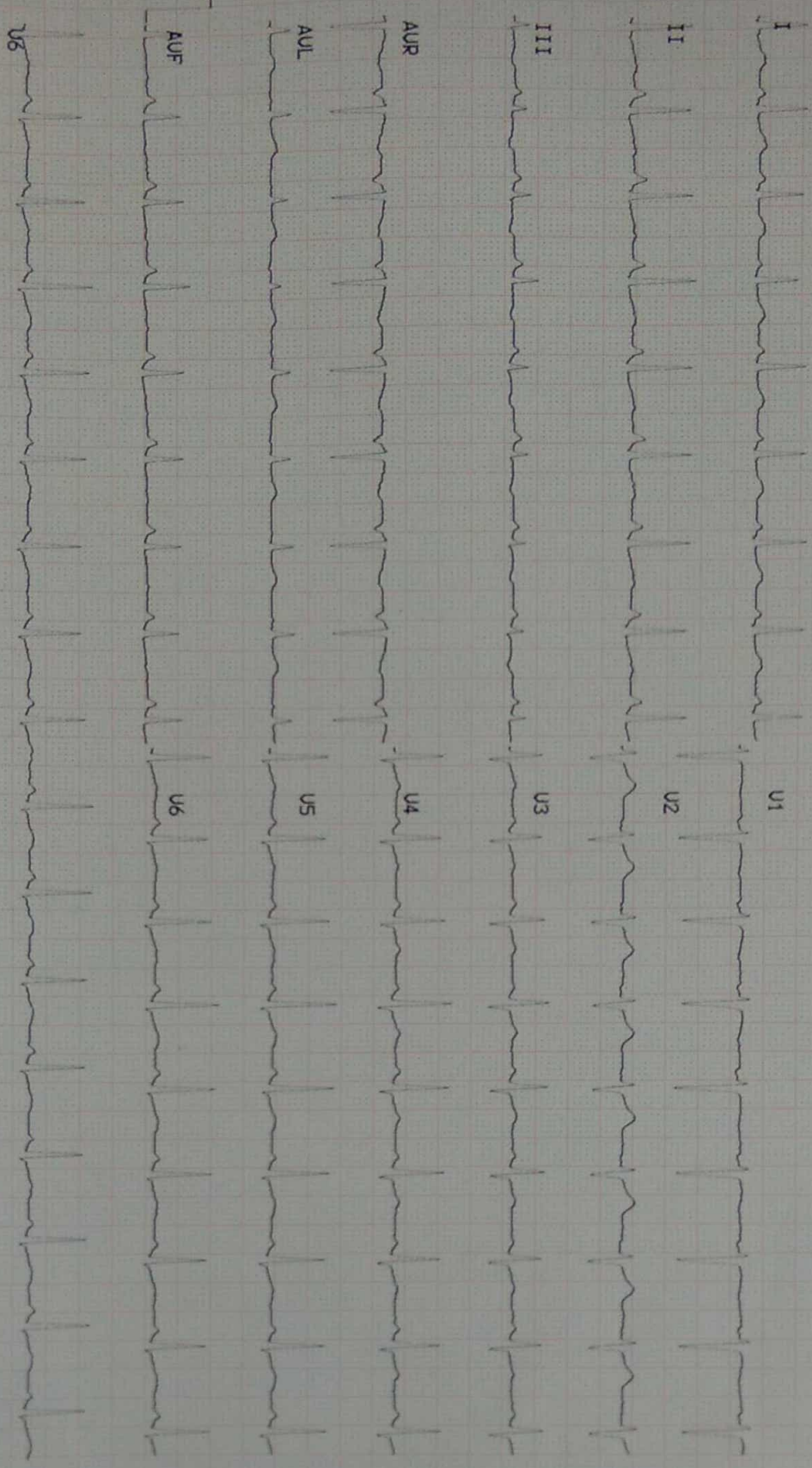
AGE: 50
 Measurement Results:
 QRS : 92 ms
 QT/QTcB : 368 / 475 ms
 PR : 118 ms
 P : 90 ms
 RR/PP : 600 / 600 ms
 P/ORS/T : 60 / 45 / 10 degrees
 QTd/QTcBd : 104 / 134 ms
 Sokolow NK : 1.8 mV
 14



Interpretation:
 short PR interval
 prolonged QT
 probably normal ECG

Handwritten: Normal sinus rhythm
 AR

Unconfirmed report.





NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM
MYSORE-570005, KARNATAKA

CASE SHEET

Name: SHRILATHA K S OP No: 6OP1260375 Gender: Female Age: 50 Date: 12/08/2023

Complaint

S.No	Eye	Complaint	Duration	Type	Remarks
2	BE	FOR MEDICAL CERTIFICATE	1	Days	

Medical History

S.No	Eye	Surgery	Duration	Type	Remarks
1	SYSTEMIC	THYROID PROBLEM	1	Year(s)	
2	SYSTEMIC	HYPERTENSION	2	Year(s)	

Diagnosis

Eye	ICDCode	ICD	Version	Remarks
BE	25692	REFRACTIVE ERROR - 25692 - 9	9	
BE	H52.7	Disorder of refraction - H52.7 - 10	10	

SCHIRMER'S Test & TBUT

IOP

Type	NCT			DVT Flag				
Target					DVT1	DVT2	DVT3	DVT4
	BD	AD	CL	RE				
RE	19			LE				
LE	20			Time	12:00 AM	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	+1.50	-1.50	80	BD	+0.25	+0.50	150
AD				AD			

Drug Used:

GlassPower

	SPH	CYL	AXIS	ADD
RE	0	-1.00	80	+1.50
LE	0			+1.50
Glass Type: 5				

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/18	6/12+2		DV	6/6P	6/6	
NV		N6		NV		N6	

Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	0	+1.25	170	6/6	Dist	0	+0.50	150	6/6
Near	+1.75	+1.25	170	N6	Near	+1.75	+0.50	150	N6

Color Vision

Chart Type	1
RE	38/38
LE	38/38
Remarks	NORMAL

Recommendations

User Name	Recommendations
Dr RICHHA .	ANT SEG- BE- CLEAR CORNEA, VH-3, LENS- CLEAR FUNDUS- BE- UNLIL- CD-0.3, FR+ ADV- GLASSES R/A 1YR/SOS

This visit was Electronically Signed by Mr JACOB SEENUVASAN on 8/12/2023 1:00:56 PM.

This visit was Electronically Signed by Dr RICHHA . on 8/12/2023 1:33:57 PM.

Richha
Dr. Richha
 MBBS, OOMS, DNB
 Consultant-Vitreous Retina
 KMC Reg. No. : 105719

Customer Name	MRS.SHRILATHA K.S	Customer ID	MED110105564
Age & Gender	50Y/FEMALE	Visit Date	12/08/2023
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER contracted.

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	11.7	1.8
Left Kidney	11.8	1.9

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

UTERUS is bulky in size. Multiple hypoechoic lesions are noted in both anterior and posterior walls of uterus largest 4.8x3.8cm. Hypoechoic lesion measuring 5.9x4.5cm is noted in the right adnexa abutting the right lateral wall of the uterus, likely subserosal fibroid.

Endometrial echo is of normal thickness 7.9mms.

Uterus measures as follows: LS: 9.4cms AP: 6.5cms TS: 7.0cms.

OVARIES Left ovary is normal size, shape and echotexture, measures: 2.3x1.9cms.

Right ovary not visualized.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **GRADE I FATTY CHANGES IN LIVER.**
- **BULKY AND LOBULATED UTERUS WITH MULTIPLE INTRAMURAL AND SUBSEROSAL FIBROIDS.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

MB/SV

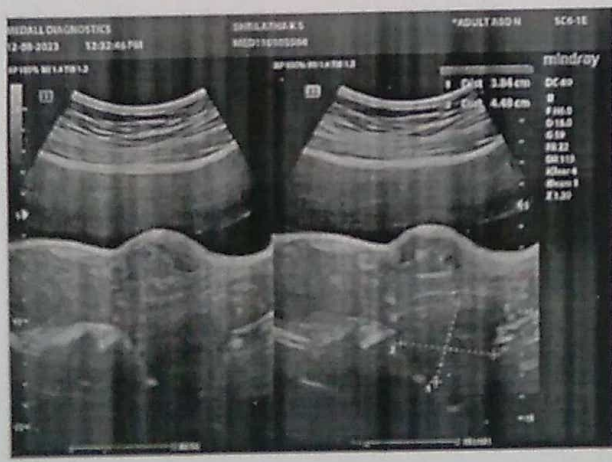
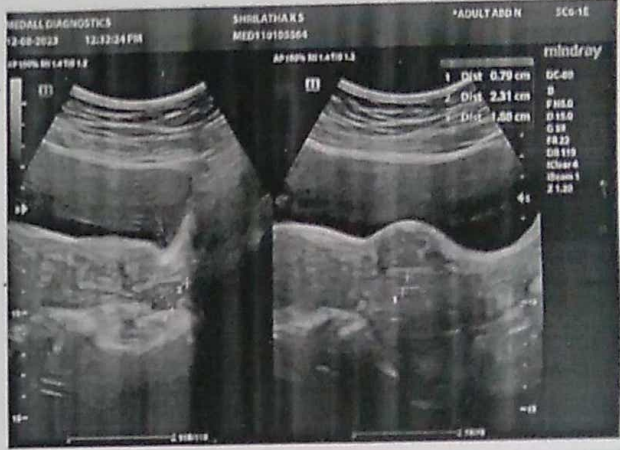
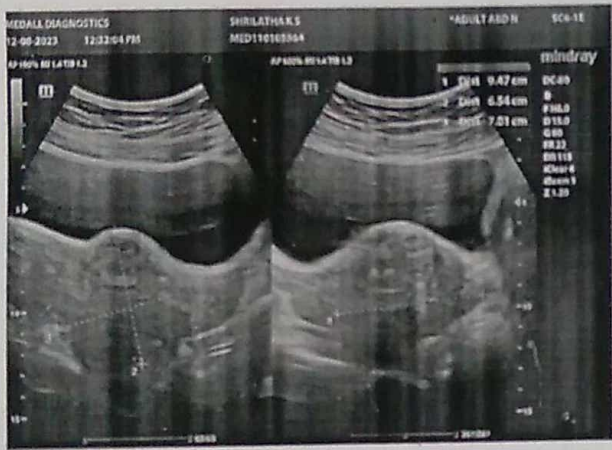
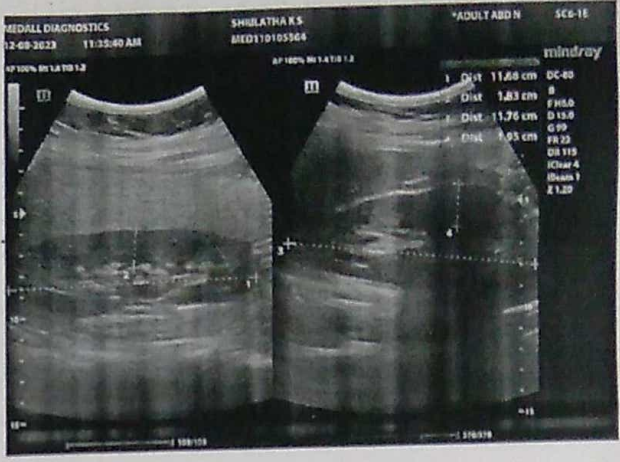
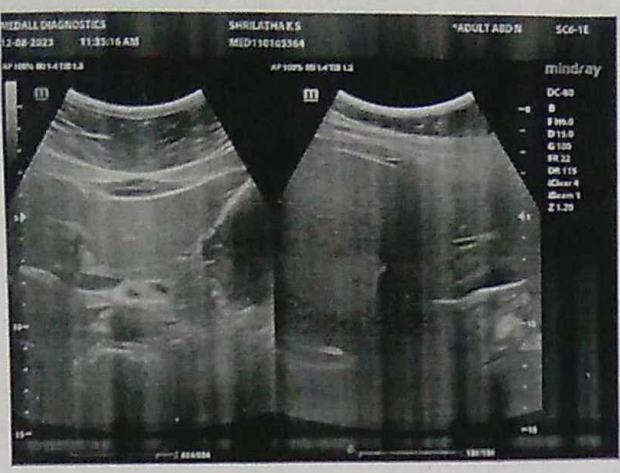


DR. MOHAN B



Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore

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Age & Gender	50Y/FEMALE	Visit Date	12/08/2023
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.0cms
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
EDV	:	75ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.42m/s	'A' - 0.82m/s	NO MR
AORTIC VALVE	:	1.15m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.90m/s	'A' - 0.35m/s	NO TR
PULMONARY VALVE	:	0.80m/s		NO PR



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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 prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

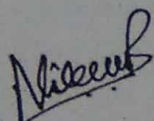
IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 63 %.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

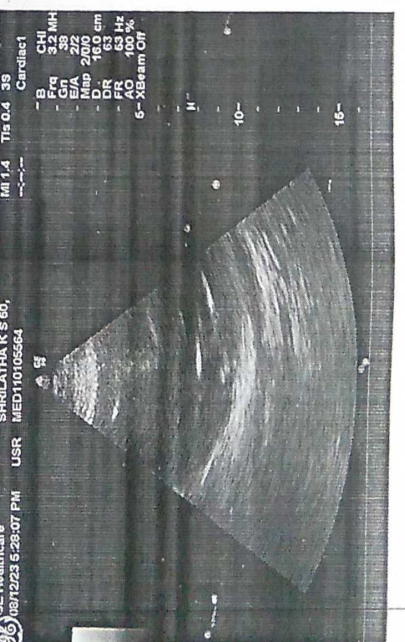
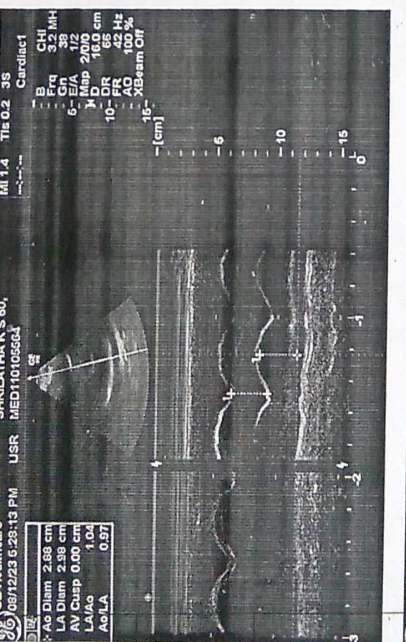
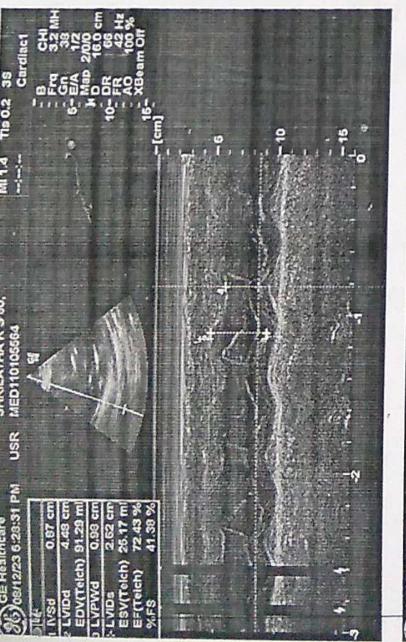
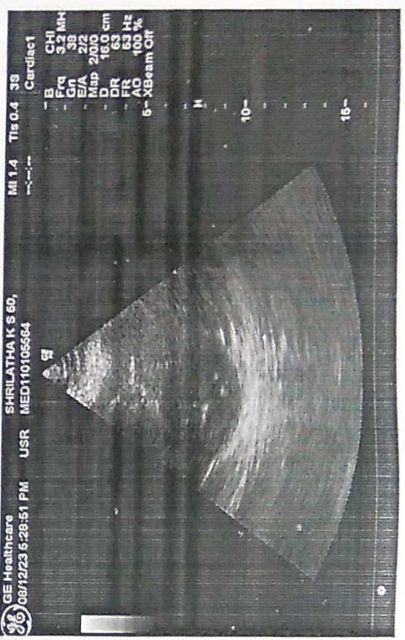
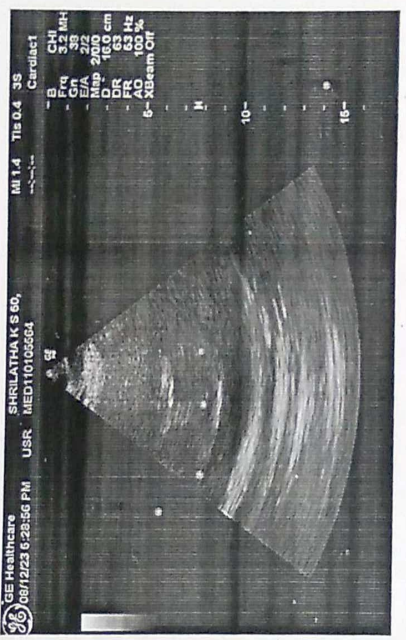
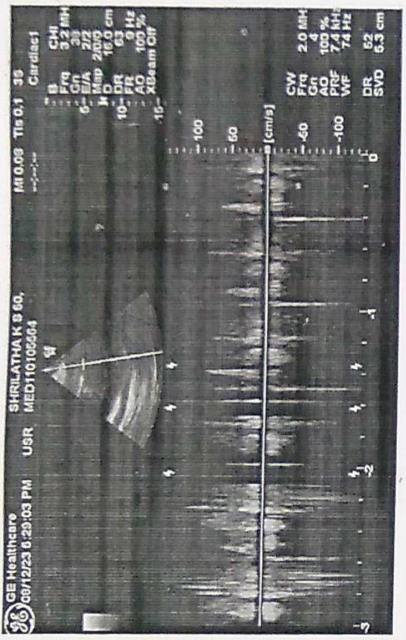
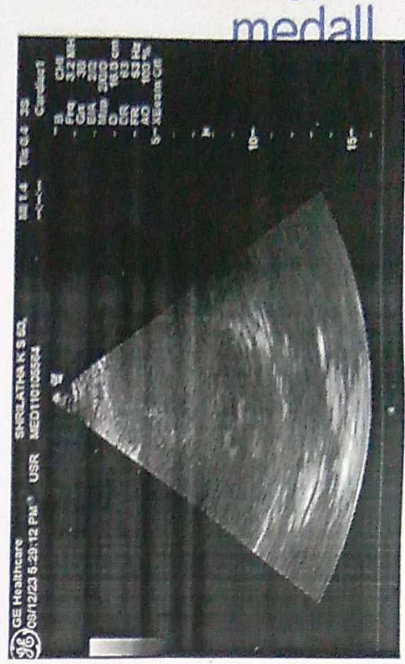
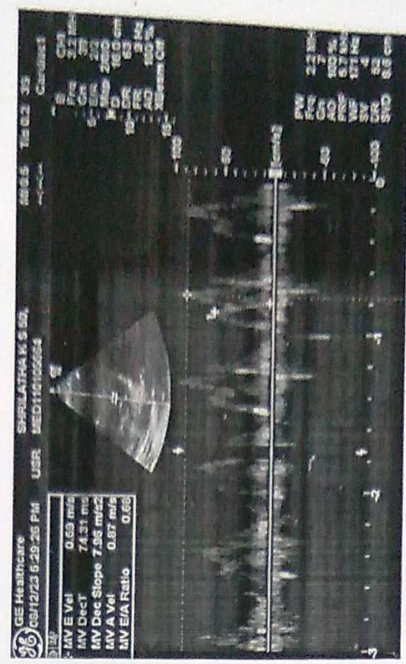
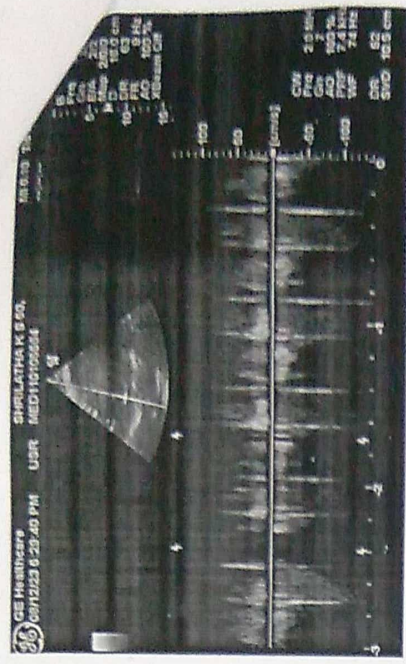


DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/mm

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SID No. : 712327707
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 12/08/2023 8:10 AM
Collection On : 12/08/2023 9:18 AM
Report On : 13/08/2023 2:10 PM
Printed On : 15/08/2023 1:23 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'O' Positive'

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by Gel method.

Complete Blood Count With - ESR

Haemoglobin

13.0

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.

PCV (Packed Cell Volume) / Haematocrit

39.0

%

37 - 47

(EDTA Blood/Derived)

RBC Count

5.22

mill/cu.mm

4.2 - 5.4

(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume)

75.0

fL

78 - 100

(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin)

24.9

pg

27 - 32

(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration)

33.3

g/dL

32 - 36

(EDTA Blood/Derived)

RDW-CV

17.1

%

11.5 - 16.0

(Derived)

RDW-SD

44.89

fL

39 - 46

(Derived)

Total WBC Count (TC)

7820

cells/cu.m
m

4000 - 11000

(EDTA Blood/Derived from Impedance)

Neutrophils

57

%

40 - 75

(Blood/Impedance Variation & Flow Cytometry)



APPROVED BY

The results pertain to sample tested.

Page 1 of 9

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #NEW KANTHA RAJ URS ROAD, KRISHNAMURTHY PURAM, MYSORE, KARNATAKA, INDIA,.

Name : Mrs. SHRILATHA K.S

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SID No. : 712327707

Age / Sex : 50 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	36	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	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)	4.46	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.82	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.16	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.39	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)	338	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	11.1	fL	8.0 - 13.3
PCT	0.38	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	31	mm/hr	< 20

Remark: Kindly correlate clinically



APPROVED BY

The results pertain to sample tested.

Page 2 of 9

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	7.7		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	113	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)	169	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)	7.0	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9	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 (Serum/Uricase/Peroxidase)	5.2	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.5	mg/dL	0.1 - 1.2
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Remark: Kindly correlate clinically.



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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.10	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.8	gm/dl	6.0 - 8.0
Remark: Kindly correlate clinically.			
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	4.30	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.05		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the preferred method			
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	46	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	45	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	85	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	41	U/L	< 38

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	177	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	87	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)	51	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	108.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	126.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 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.



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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)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.11	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))	10.87	Microg/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/Chemiluminescent Immunometric Assay (CLIA))	3.604	μIU/mL	0.35 - 5.50
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APPROVED BY

The results pertain to sample tested.

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Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #NEW KANTHA RAJ URS ROAD, KRISHNAMURTHY PURAM, MYSORE, KARNATAKA, INDIA,.

Name : Mrs. SHRILATHA K.S
PID No. : MED110105564
SID No. : 712327707
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 12/08/2023 8:10 AM
Collection On : 12/08/2023 9:18 AM
Report On : 13/08/2023 2:10 PM
Printed On : 15/08/2023 1:23 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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$\leq 0.03 \mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.

URINE ROUTINE

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	pale yellow	Yellow to Amber
Volume (Urine/Physical examination)	20	ml
Appearance (Urine)	clear	

CHEMICAL EXAMINATION

pH (Urine)	5.0	4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.010	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



APPROVED BY

The results pertain to sample tested.

Page 7 of 9

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-3	/hpf	No ranges
Others (Urine)	Nil		Nil



APPROVED BY

Name : Mrs. SHRILATHA K.S
PID No. : MED110105564
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Age / Sex : 50 Year(s) / Female
Type : OP
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.4	%	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)	136.98	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 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.



Anusha
Dr Anusha.K.S
Sr. Consultant Pathologist
Reg No : 100674

APPROVED BY

-- End of Report --

Name	Mrs. SHRILATHA K.S	ID	MED110105564
Age & Gender	50Y/F	Visit Date	Aug 12 2023 8:09AM
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: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST

Name	MRS.SHRILATHA K.S	ID	MED110105564
Age & Gender	50Y/FEMALE	Visit Date	12/08/2023
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.0cms
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
EDV	:	75ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' - 0.42m/s	A' - 0.82m/s	NO MR
AORTIC VALVE	:	1.15m/s		NO AR
TRICUSPID VALVE	:	E' - 0.90m/s	A' - 0.35m/s	NO TR
PULMONARY VALVE	:	0.80m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.

Name	MRS.SHRILATHA K.S	ID	MED110105564
Age & Gender	50Y/FEMALE	Visit Date	12/08/2023
Ref Doctor Name	MediWheel		



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: 63 %.**
- **GRADE I LV DIASTOLIC DYSFUNCTION.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
 NB/mm