

| | | | |
|--------------|--------------------------|------------|--------------|
| Name | MS.BHARGAVI LATHA THUNGA | ID | MED111017294 |
| Age & Gender | 34Y/FEMALE | Visit Date | 12/03/2022 |
| Ref Doctor | MediWheel | | |

:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.8 x 2.1 cms.

Left ovary: 2.5 x 1.3 cms.

POD & adnexa are free.

No evidence of ascites.

Impression: Essentially normal study.

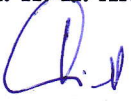
CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P

Hbp/so



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SID No. : 922015908
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

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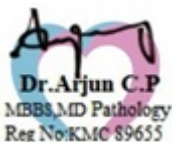


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|----------------------|-----------------------|-------------|--------------------------------------|
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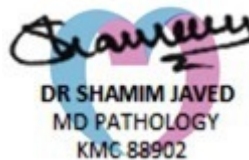
HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|---|-------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 12.0 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance) | 37.0 | % | 37 - 47 |
| RBC Count (EDTA Blood/Impedance Variation) | 4.54 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance) | 81.0 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance) | 26.3 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance) | 32.3 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Derived from Impedance) | 13.9 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Derived from Impedance) | 39.41 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation) | 9400 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 63.3 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 30.5 | % | 20 - 45 |
| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.1 | % | 01 - 06 |



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| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 4.7 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.4 | % | 00 - 02 |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 5.95 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 2.87 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.10 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.44 | 10 ³ / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.04 | 10 ³ / µl | < 0.2 |
| Platelet Count (EDTA Blood/Impedance Variation) | 313 | 10 ³ / µl | 150 - 450 |
| MPV (EDTA Blood/Derived from Impedance) | 7.8 | fL | 8.0 - 13.3 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.24 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren) | 8 | mm/hr | < 20 |


Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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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) | 0.2 | mg/dL | 0.1 - 1.0 |
| Total Protein (Serum/Biuret) | 7.4 | gm/dL | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.5 | gm/dL | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.9 | gm/dL | 2.3 - 3.6 |
| A : G Ratio (Serum/Derived) | 1.6 | | 1.1 - 2.2 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic) | 16 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic) | 14 | U/L | 5 - 41 |
| Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic) | 78 | U/L | 42 - 98 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC) | 15 | U/L | < 38 |


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Consultant Pathologist
Reg No : 99049

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Lipid Profile

| | | | |
|---|-----|-------|--|
| Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase) | 137 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
|---|-----|-------|--|

| | | | |
|--|----|-------|---|
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 40 | 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/Immuno-inhibition) | 46 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
|--|----|-------|--|

| | | | |
|---------------------------------------|----|-------|---|
| LDL Cholesterol (Serum/Calculated) | 83 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
|---------------------------------------|----|-------|---|

| | | | |
|--|---|-------|------|
| VLDL Cholesterol (Serum/Calculated) | 8 | mg/dL | < 30 |
|--|---|-------|------|

| | | | |
|---|------|-------|--|
| Non HDL Cholesterol (Serum/Calculated) | 91.0 | 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 | | 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) | 0.9 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 1.8 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |


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|--|-----------------------|-------------|---|
| <u>Glycosylated Haemoglobin (HbA1c)</u> | | | |
| HbA1C (Whole Blood/HPLC) | 5.4 | % | 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 108.28 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 glyceemic 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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IMMUNOASSAY

THYROID PROFILE / TFT

| | | | |
|---|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/CMIA) | 1.51 | 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/CMIA) | 8.86 | µg/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.

| | | | |
|---|------|--------|-------------|
| TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA)) | 4.34 | 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.

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


| | | | |
|--------------------|---------------|----|-------|
| Colour (Urine) | Yellow | | |
| Appearance (Urine) | Slightly Hazy | | Clear |
| Volume (Urine) | 15 | mL | |

CHEMICAL EXAMINATION(Automated-Urineanalyser)

| | | | |
|---|----------|--|---------------|
| pH (Urine/AUTOMATED URINANALYSER) | 5.0 | | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.025 | | 1.002 - 1.035 |
| Ketones (Urine) | Negative | | Negative |
| Urobilinogen (Urine/AUTOMATED URINANALYSER) | 0.2 | | 0.2 - 1.0 |
| Blood (Urine/AUTOMATED URINANALYSER) | Negative | | Negative |
| Nitrite (Urine/AUTOMATED URINANALYSER) | Negative | | Negative |
| Bilirubin (Urine/AUTOMATED URINANALYSER) | Negative | | Negative |
| Protein (Urine) | Negative | | Negative |
| Glucose (Urine) | Negative | | Negative |


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| Leukocytes (Urine) | Negative | leuco/uL | Negative |
| <u>MICROSCOPY(URINE DEPOSITS)</u> | | | |
| Pus Cells (Urine/Flow cytometry) | 6-8 | /hpf | 3-5 |
| Epithelial Cells (Urine) | 3-4 | /hpf | 1-2 |
| RBCs (Urine/Flow cytometry) | Nil | /hpf | 2-3 |
| Others (Urine) | Bacteria Present | | Nil |
| Casts (Urine/Flow cytometry) | Nil | /hpf | 0 - 1 |
| Crystals (Urine) | Nil | | NIL |


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BIOCHEMISTRY

| | | | |
|---|------|-------|--|
| BUN / Creatinine Ratio | 17.5 | | 6 - 22 |
| Glucose Fasting (FBS) (Plasma - F/GOD - POD) | 82 | 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/GOD - POD) | 130 | 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.


| | | | |
|--|----------|--|----------|
| Glucose Postprandial - Urine (Urine - PP) | Negative | | Negative |
|--|----------|--|----------|

| | | | |
|--|----|-------|----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH) | 14 | mg/dL | 7.0 - 21 |
|--|----|-------|----------|


| | | | |
|-------------------------------------|-----|-------|-----------|
| Creatinine (Serum/Jaffe Kinetic) | 0.8 | 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) | 3.5 | mg/dL | 2.6 - 6.0 |
|---|-----|-------|-----------|


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Investigation

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Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

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MD PATHOLOGY
KMC 88902

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-- End of Report --

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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.

No demonstrable Para -aortic lymphadenopathy.

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

The kidney measures as follows

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|--------------|----------------------|-----------------------------|
| Right Kidney | 9.9 | 1.3 |
| Left Kidney | 9.2 | 1.3 |

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 – 7.7mms.
Uterus measures as follows:
LS: 7.6cms AP: 3.5cms TS: 4.6cms.

..2



| | | | |
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| Age & Gender | 34Y/F | Visit Date | Mar 12 2022 9:38AM |
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X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

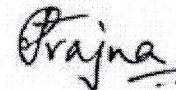
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS



TABULAR SUMMARY REPORT

MS BHARGAVILATHA, T
 ID: MED

34years

12-Mar-2022
 14:08:04

Female

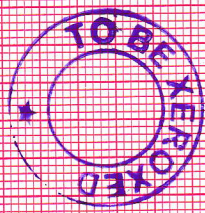
Referred by: C/O MEDI WHEEL
 Test Ind: IHD SCREENING

BRUCE Total Exercise time: 8:16
 Max HR: 169bpm 90% of max predicted 186bpm
 Max BP: 140/70 Maximum workload: 10.1METS

Reason for Termination: Patient fatigue
 Comments: GOOD EFFORT TOLERANCE. NORMAL HR AND BP RESPONSE.
 NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY
 NO ANGINA/ARRHYTHMIAS
 IMP/STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.
 # NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT #
 *** DR.SRIDHAR I MD,DM,FICC. CARDIOLOGIST ***

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (x100) |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|------------|
| PRETEST | SUPINE | 1:40 | 0.8 | 0.0 | 1.5 | 104 | 120/70 | 125 |
| | STAGE 1 | 3:00 | 1.7 | 10.0 | 4.6 | 122 | 130/70 | 173 |
| | STAGE 2 | 3:00 | 2.5 | 12.0 | 7.0 | 133 | 140/70 | 211 |
| RECOVERY | STAGE 3 | 2:16 | 3.4 | 14.0 | 10.1 | 151 | 140/70 | 211 |
| | Post | 4:53 | *** | *** | 1.0 | 99 | 120/70 | 119 |

Dr. SRIDHAR I
 MD (Med), DM (Cardiol), FICC
 Interventional Cardiologist
 K.M.C. No.: 32248



Technician: MANJU
 CLUMAX DIAGNOSTICS

Unconfirmed

MAG55 009C

MSRBHARGAVILATHA, T 34 YRS

ID: MED

12-Mar-2022

14:09:04

94bpm

BP: 120/70

PRETEST SUPINE 1:00

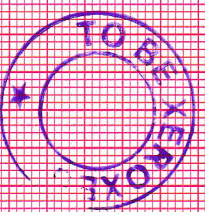
BRUCE

** *trngph

** *%

ST @ 10mm/mV
80ms post/s

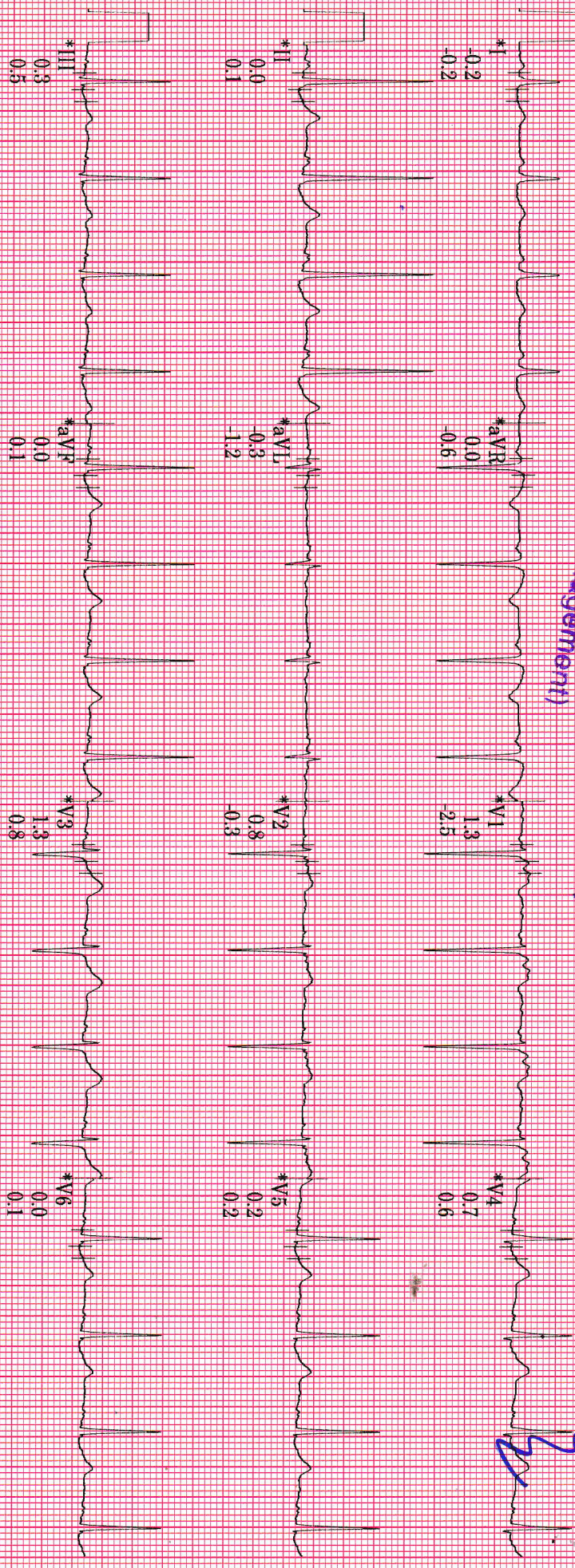
Lead
ST(mm)
Slope(mV/s)



Dr. SRIDHAR .L
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(Needs Clinical Correlation
for further Management)

MC-54in
VW + 7D
Normal ECG



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 009C

| | | | |
|---------------|------------------|-------------|-----------|
| Customer Name | T. Bhargavilathu | Customer ID | 111017294 |
| Age & Gender | Female 35 yrs | Visit Date | 12/3/2022 |

Eye Screening



With spectacles / without spectacles (strike out whichever is not applicable)

| | Right Eye | Left Eye |
|-----------------|-----------|----------|
| Near Vision | N6 | N6 |
| Distance Vision | 6/6 | 6/6 |
| Colour Vision | Normal | Normal |

Observation / Comments: Normal

Dhanu

Dr. RAVI V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11301



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name

भारग्वी लता थुंगा
Bhargavi Latha Thunga


E.C. No.

176129



Bhargavi Latha

धारक के हस्ताक्षर
Signature of Holder


जारीकर्ता प्राधिकारी
Issuing Authority