

Name	LAVANYA S	ID	MED111209829
Age & Gender	38Year(s)/FEMALE	Visit Date	7/23/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.3cms
LEFT ATRIUM	:	2.8cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.0cms
(SYSTOLE)	:	2.7cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
EDV	:	71ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	60%
EPSS	:	---
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.81 m/s	A' 0.56 m/s	NO MR
AORTIC VALVE	:	1.05 m/s		NO AR
TRICUSPID VALVE	:	E' 1.61 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.73 m/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 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.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/an

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**

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*** Parameters may be subjected to inter and intra observer variations.**

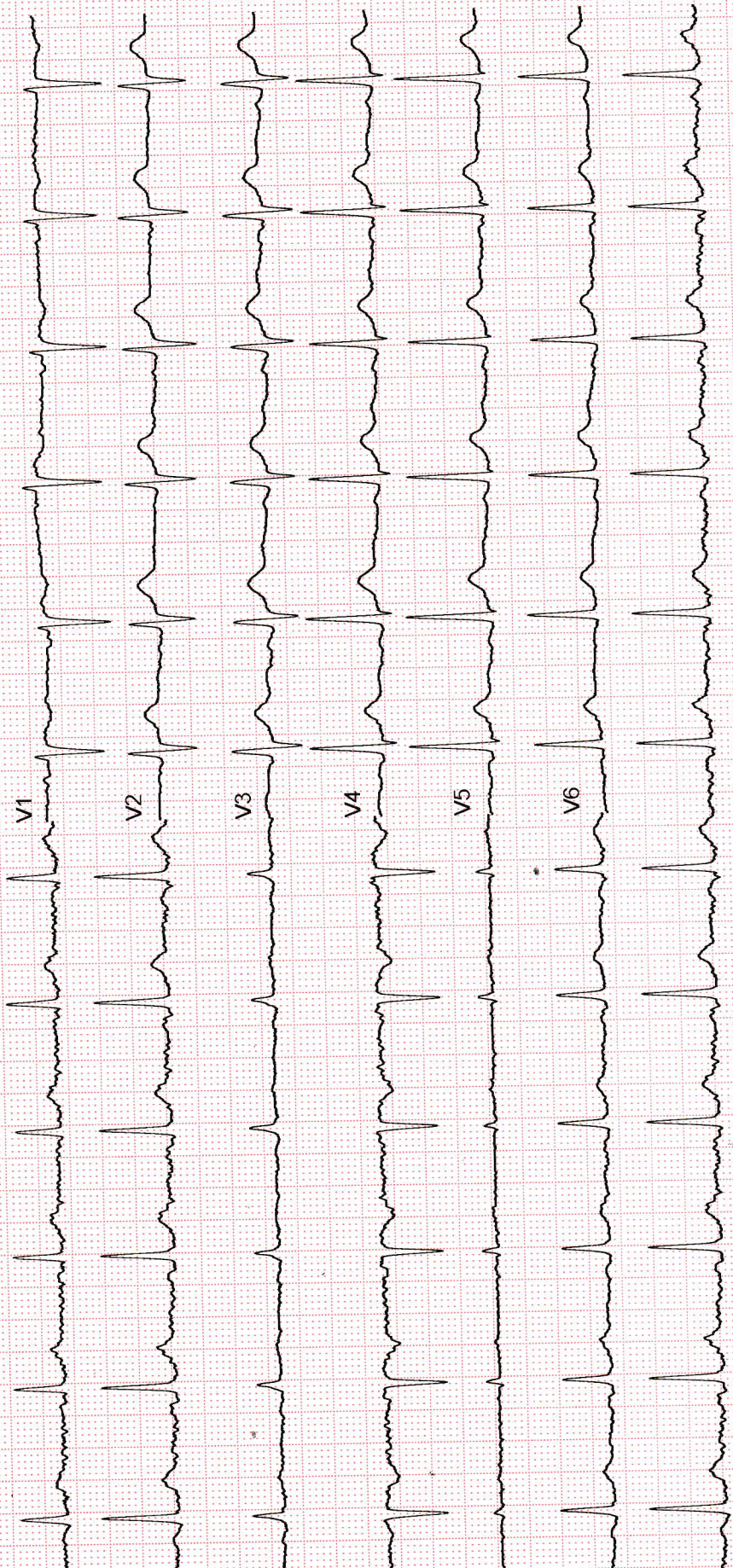
74 bpm
-- / -- mmHg

23.07.2022 13:50:41
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

Vital Signs™ 226 166 05

Female

QRS 82 ms
QT / QTcBaz 390 / 432 ms
PR 116 ms
P 66 ms
RR / PP 808 / 810 ms
P / QRS / T 15 / 58 / 59 degrees



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SRI PARVATHI OPTICS

Multi Branded Optical Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com

Mahesh
Mob:8618385220
9901569756

SPECTACLE PRESCRIPTION

Name: Lavanya. S.

No. 937

Mobil No:

Date: 23/7/2022

Age / Gender 38y/f,

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	0.75	0.25	166	6/6	0.50	0.50	19	6/6
NEAR								

PD 60mm

Advice to use glasses for:

- DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS

NEW THIPPASANDRA

CLUMAX DIAGNOSTICS



--- A MEDALL COMPANY ---

Date 23-Jul-2022 10:41 AM

Customer Name : **MS.LAVANYA S**

DOB : **21 Jul 1984**

Ref Dr Name : **MediWheel**

Age : **38Y/FEMALE**

Customer Id : **MED111209829**

Visit ID : 422056696

Email Id :

Phone No : **9964961792**

Corp Name : MediWheel

Address :

V/S - done

*wt + 158cm
wt + 64kg
BP + 120/80
+ misty
p/p + 84ht*

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)				
2	LAB	CREATININE				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				
15	LAB	BUN/CREATININE RATIO				
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				

Jones

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows 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 is moderately distended. Phrygian cap noted. No evidence of intraluminal calculi or calculi within the phrygian cap. 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 shows normal shape, size and echopattern. Spleen measures 10.1cms in long axis and 3.8cms in short axis.
No demonstrable Para -aortic lymphadenopathy.

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

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.4	1.1
Left Kidney	10.0	1.3

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

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

Endometrial thickness measures 8mm

Uterus measures as follows: LS: 9.0cms AP: 3.9cms TS: 5.0cms.

OVARIES are normal in size and are polycystic. No focal lesion seen.

Ovaries measure as follows:

Right ovary: 2.5 x 1.3 x 1.5cms (Vol:3cc)

Left ovary: 3.2 x 2.1 x 2.0cms (Vol:7cc)

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **BILATERAL POLYCYSTIC OVARIES.**

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DR. MEERA S
CONSULTANT RADIOLOGIST
MS/vp

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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:

No significant abnormality detected.



DR. APARNA

CONSULTANT RADIOLOGIST

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Age / Sex : 38 Year(s)/ Female Report On : 23/07/2022 5:37 PM
Type : OP Printed On : 24/07/2022 3:00 PM
Ref. Dr : MediWheel

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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.86	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.1	%	37 - 47
RBC Count (EDTA Blood)	4.49	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.63	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8160	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	55.57	%	40 - 75
Lymphocytes (EDTA Blood)	35.31	%	20 - 45
Eosinophils (EDTA Blood)	2.58	%	01 - 06


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MD PATHOLOGY
KMC 88902
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Monocytes (EDTA Blood)	6.41	%	01 - 10
Basophils (Blood)	0.13	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.53	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.88	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.21	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.52	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	296.2	10 ³ / µl	150 - 450
MPV (EDTA Blood)	9.19	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	10	mm/hr	< 20


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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.99	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.10	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	119.2	U/L	42 - 98
Total Protein (Serum/Biuret)	7.67	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.34	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.33	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.30		1.1 - 2.2


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	176.23	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	101.85	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)	40.16	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	115.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.4	mg/dL	< 30


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Non HDL Cholesterol (Serum/Calculated)	136.1	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.4		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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.6	%	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 114.02 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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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.31	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 (Tyroxine) - Total (Serum/ECLIA)	10.12	µg/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/ECLIA)	1.23	µIU/mL	0.35 - 5.50
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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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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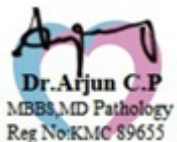
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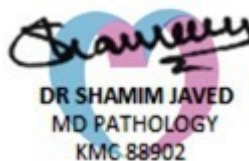
IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Negative'		
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Remark: Confirmation By Gel Card Method is suggested



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	10		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.79	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/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	99.55	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.71	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/Enzymatic)	5.19	mg/dL	2.6 - 6.0
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-- End of Report --