




PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



TEST REPORT

Name : **MS.TATAKALA POORNIMA [SPOUSE]** TID/SID : UMR0913378/ 23990615
 Age / Gender : 27 Years / Female Registered on : 24-Sep-2022 / 09:36 AM
 Ref.By : - Collected on : 24-Sep-2022 / 09:43 AM
 Req.No  Reported on : 24-Sep-2022 / 15:07 PM
 BIL2408405 Reference : Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Hazy		Clear
Specific gravity Method:Ion concentration/colour indicator	1.020		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Trace		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	65 - 70	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	3 - 4	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	20 - 25	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf




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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

* Sample processed at Parkline

--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY




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Age / Gender : 27 Years / Female Registered on : 24-Sep-2022 / 09:36 AM
Ref.By : - Collected on : 24-Sep-2022 / 09:43 AM
Req.No :  Reported on : 24-Sep-2022 / 14:15 PM
Reference : Medi Wheel
BIL2408405

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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Req.No  Reported on : 24-Sep-2022 / 13:52 PM
BIL2408405 Reference : Medi Wheel

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	18	mm/hour	0-20 mm/hour
Method:Westergren			

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DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	12.7	g/dL	12.0-15.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.6	mill /cu.mm	3.8-4.8 mill /cu.mm
PCV/HCT Method:Numeric Integration	37	%	36-46 %
MCV Method:Calculated	81	fL	83-101 fL
MCH Method:Calculated	27.5	pg	27-32 pg
MCHC Method:Calculated	33.9	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	13.9	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.7	cells/cumm	4-10 cells/cumm
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	60	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	34	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	270	10 ³ /μL	150-410 10 ³ /μL

Peripheral Smear

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
RBC Method:Microscopy	Normocytic Normochromic		
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.		
Platelets Method:Microscopy	Discrete and adequate. Normal in morphology.		

* Sample processed at Parkline

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DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	8.8	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.70	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

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TEST REPORT

Name : **MS.TATAKALA POORNIMA [SPOUSE]** TID/SID : UMR0913378/ 23990616F
Age / Gender : 27 Years / Female Registered on : 24-Sep-2022 / 09:36 AM
Ref.By : - Collected on : 24-Sep-2022 / 09:43 AM
Req.No :  Reported on : 24-Sep-2022 / 16:15 PM
Reference : Medi Wheel
BIL2408405

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	90	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : \geq 126 mg/dL

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DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	5.4	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	108	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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Certificate No.:MC-2566

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		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	176	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	28	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	116	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	32	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	162	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	6.29		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	4.14		

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.41	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.08	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.33	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	13	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	16	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	70	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	6.98	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.27	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.71	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.58		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	25	U/L	7.0-50.0 U/L

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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.47	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.45	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.46	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	2.89	mg/dL	1.9-7.5 mg/dL
Method:Uricase			

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--- End Of Report ---

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 Certificate No.MC-2566

MEDICAL EXAMINATION REPORT

Name	MS. Tatakala poornima		Date :	24/09/2022
Company	elo: mediwheel		Reg. No. :	2408057
Contact No.	8179160931		Sex	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
			Age :	<input type="checkbox"/> 20 <input checked="" type="checkbox"/> 22
Type	Pre-Emp		Emp. No.:	Spouse
	Overseas		Height	154cm
	Annual	<input checked="" type="checkbox"/>	Weight	73kg
Remarks	<ul style="list-style-type: none"> • LDL, total cholesterol elevated • ECG show sinus rhythm and inverted T wave • Follow up for same • Remaining parameters WNL. 			
Fitness Status	Medically Fit / Unfit		Dr. B. DEEPAK KUMAR (M.B.B.S) Reg. No. 75583 Physician's Signature	

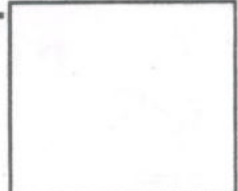
COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Tatabela Poornima

AGE 27 yrs

MARITAL STATUS married CHILDREN : M F

IDENTIFICATION (IF ANY) more soon next



PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Any personal H/o Major illness like : Typhoid..... Jaundice..... Etc.

Any H/o STD..... Skin infection.....

H/o Blood Transfusion..... Recent Vaccination.....

H/o Epilepsy..... Giddiness.....

H/o Surgery..... Fracture in the past..... } in child
Fracture left leg
Right arm

Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication No

GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Bone, Joints :

Nutritional Status : 19-20%

Lymph Nodes :

Edema Feet : Nil

Varicose Veins :

DR. B. D. S. P. K. KUMAR
MBBS
8828

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Colour Vision : BE normal

Right Ear

Hearing :

Rinee's Test ;

Weber Test :

Discharge :

Right Eye: Ng

With glasses / Without glasses

left Eye : Ng

with glasses / without glasses

Ophthalmologist's Signature

Left Ear

SYSTEMIC EXAMINATION

Pulse : 80 / m

B.P. : 110 / 80 mm Hg

Lungs : A. Shape of Chest
B. Breath Sounds
C. Adventitious Sounds

D. lateral symple
clear
No

Heart : A. Sounds S₁ S₂ ⊕
B. Murmurs No

Nervous System

Abdomen : A. Liver } NPV
B. Spleen }
C. Piles } Nil
D. Any Lump }

A. Higher Function :
B. Cranial Nerves :
C. Sensory System :
D. Motor System :
E. Jerks :

General : A. Hernia } Nil
B. Hydrocele }
C. Varicocele }

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :



Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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Certificate No. M-0862

ENT CONSULTATION

S.No. 2408205

Emp.No. spouse

Date 24/09/22

Name MS. Patakala
Poornima

Age 27 Yrs

Sex M/F

EARS :

Right

Left

EAC :

(N)

(N)

TM :

(R) (N)

(R) (N)

TFT :

Renes AC>RC

AC>BC

Wakers

ABC same as exam

NOSE :

DNS to (L)

THROAT :

(N)

NECK :

(N)

IMPRESSION :

ENT within (N) hts

Dr. POORNIMA
M.B.B.S, D.L.O.,(ENT)
Reg No.100155(KMC)

Consultant ENT



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Req. No : BIL2408405

TID : UMR0913378
Registered on : 24-Sep-2022 09:36 AM
Reported On : 24-Sep-2022 01:01 PM

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and echotexture. No focal lesions.
No IHBD /CBD dilatation. Portal vein is normal.

SPLEEN : Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.
Gall bladder - Wall thickness is normal.
No pericholecystic oedema.

PANCREAS : Normal in size and echotexture.No calcification / sol.
Pancreatic duct is normal. No peripancreatic fluid collection.

RIGHT KIDNEY : 9.89 x 4.94 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 9.76 x 4.93 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

URINARY BLADDER : Well distended.Normal in contour.
Wall thickness is normal. No calculus / sol.

UTERUS : Anteverted measuring 8.92 x 4.94 x 3.97 cms - Normal in size and echotexture.
No space occupying lesion is seen.
Cervix is normal in size and echopattern.

ENDOMETRIUM : 8 mm -Normal.

OVARIES : Right ovary : 3.12 x 2.02 cms and Left ovary : 3.86 x 2.42 cms.
Both ovaries normal in size and echotexture.
No adnexal mass seen.
No fluid in POD.

IMPRESSION : No significant sonographic abnormality detected.
Clinical correlation.


Dr. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68483

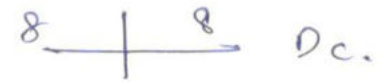
7799686970

Name : Purnima Sex : F Age : 27

Date : 24-9-22

OPD No : 900

(1) T. Dolokind phn .




Horizontal Impaen

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Adv. opa.

Smilesss 
 MULTI SPECIALITY DENTAL CLINIC
Smile Confidentially... Not Confidentially
 B.D.S. IMPLANTOLOGIST (USA)
 1-3-1, Rajamudalliar Street, Khasiguda,
 Secunderabad, Cell : 8977910590,

Sowmya



PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, Sarojini Devi Road, Secunderabad - 500 003 Tel : 040 - 4203 8139, 2784 5852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

TEST REPORT

Name : Ms . TATAKALA POORNIMA [SPOUSE]

TID : UMR0913378

Age / Gender : 27 Years / Female

Registered on : 24-Sep-2022 09:36 AM

Ref.By : Medi Wheel

Reported On : 24-Sep-2022 01:14 PM

Req. No : BIL2408405

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

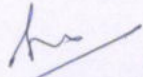
Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY


Dr. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493

PATIENT SUMMARY REPORT

AGNOSTICS PVT.LTD
3405
TATAKALA POORNIMA
7 / FEMALE

HEIGHT (cm) : 154
WEIGHT (kg) : 73
PROTOCOL : MODIFIED BRUCE

CG

REF. BY : MEDIWHEEL
DONE BY : DR SAMEER G VANKAR
TECHNICIAN : G.M.SURESH

2022, 10:30:1

TEST : Routine Check Up.

None.

Very Active.

TESTIGATION : E C G

TERMINATION : THR ACHIEVED

TOLERANCE : Good (> 10 METS).

INDUCED ARRHYTHMIAS : No.

RESPONSE : Normal.

RESPONSE : Normal.

DIAGNOSIS :

REMARKS :

Handwritten notes:
T.M.T. 20/22

Dr. SAMEER G. VANKAR
MD., D.M.
Consultant Interventional Cardiologist
Reg. No. 8245

Confirmed By : _____

Signature

Page No.: 1

Tested On 24-09-2022, 10:30:07

BPL DYNATRAC



TATAKALA POORNIMA

Female 27Years

HR : 75 bpm
 P : 92 ms
 PR : 126 ms
 QRS : 72 ms
 QT/QTc : 361/404 ms
 P/QRS/T : 33/64/-4 °
 RV5/SV1 : 0.864/0.778 mV

Diagnosis Information:
 Sinus Rhythm
 Inverted T Wave(V3)

N/A

Non-specific ST change in Ant Leads

Coronary

Dr. SAMEER G. VANKAR

MD., D.M.

Consultant Interventional Cardiologist

Reg.No.8245

Report Confirmed by: