


Name : Ms. SAKSHI
PID No. : MED111034433
SID No. : 922018287
Age / Sex : 31 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 26/03/2022 8:48 AM
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Report On : 27/03/2022 10:23 AM
Printed On : 29/03/2022 5:53 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.38	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.10	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.06	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	215	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	11.9	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	22	mm/hr	< 20


Dr. RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.5	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.0	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.5		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	48	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	70	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	111	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	48	U/L	< 38

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

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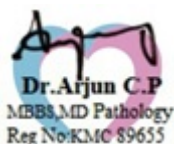


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	153	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	87	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

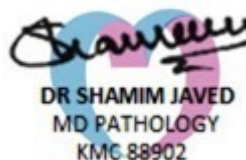
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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/Immuno-inhibition)	59	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	76.6	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)	94.0	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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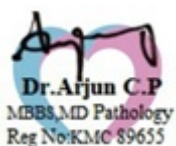
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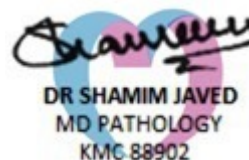
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.3		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)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

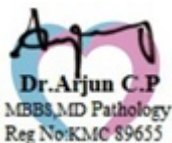
Estimated Average Glucose
(Whole Blood) 105.41 mg/dL

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 glycaemic control as compared to blood and urinary glucose determinations.

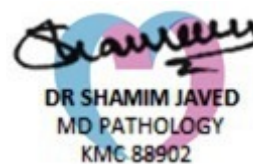
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

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)	1.56	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/CMIA)	9.36	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/Chemiluminescent Microparticle Immunoassay(CMIA))	2.67	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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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		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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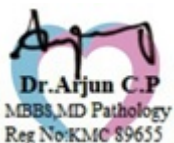
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Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	0-2	/hpf	3-5
Epithelial Cells (Urine)	0-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



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BIOCHEMISTRY

BUN / Creatinine Ratio	11.2		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	85	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	92	mg/dL	70 - 140
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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
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.8	mg/dL	0.6 - 1.1
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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)	6.2	mg/dL	2.6 - 6.0
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

A handwritten signature in black ink, appearing to read "Suraj Jain".

Dr SURAJ JAIN
Consultant Pathologist
Reg No : 80423

VERIFIED BY

A handwritten signature in black ink, appearing to read "Shamim Javed".

DR SHAMIM JAVED
MD PATHOLOGY
KMG 88902

APPROVED BY

-- End of Report --



भारत सरकार
GOVERNMENT OF INDIA



साक्षी
Sakshi
जन्म तिथि/DOB: 23/02/1991
महिला/ FEMALE
Mobile No: 7979012733
5318 1318 9505
VID : 9180 6264 6647 0594

मेरा आधार, मेरी पहचान

Customer Name	Sakshi	Customer ID	111030433
Age & Gender	31, female	Visit Date	26/3/22

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.

Continue Same Glasses

Advised
Revaluation of the
Glasses & Total check up.

[Signature]

Dr. RAVI V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11801

31 Years

Female

QRS : 80 ms
 QT / QTcBaz : 370 / 426 ms
 PR : 126 ms
 P : 92 ms
 RR / PP : 748 / 750 ms
 P / QRS / T : 11 / 12 / 15 degrees



Handwritten signature

Handwritten initials

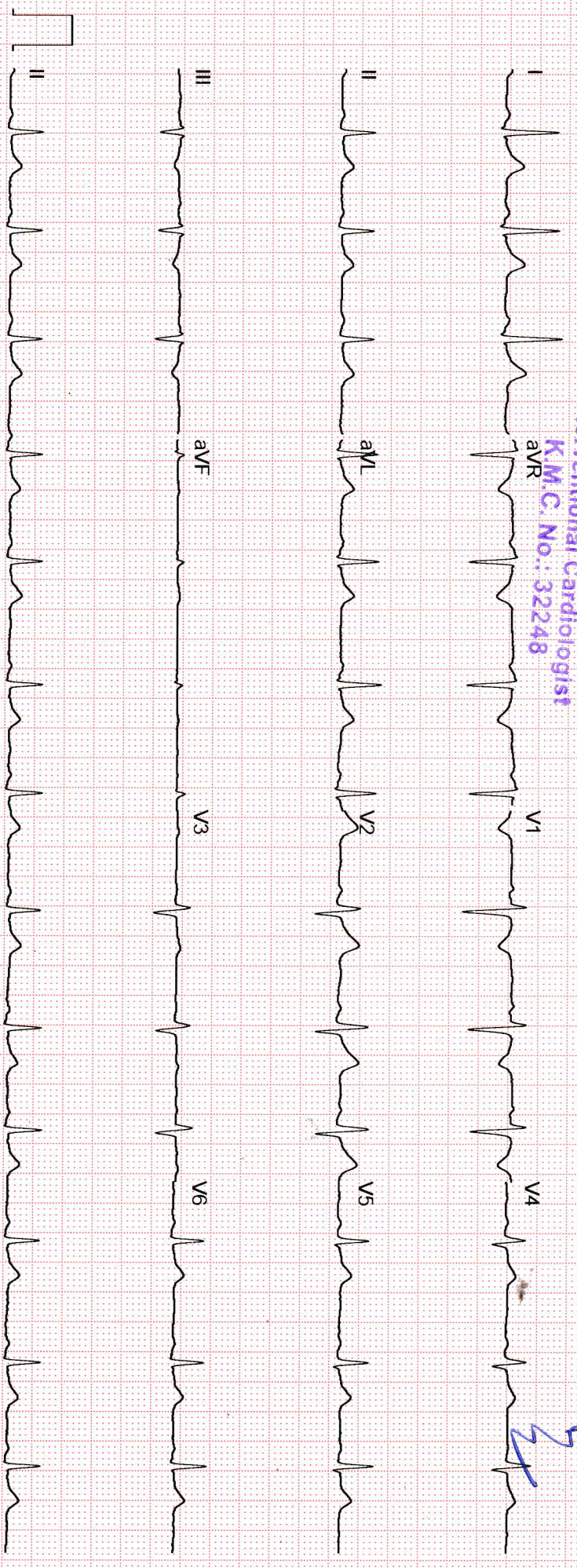
Handwritten: 110 + 40°

Handwritten: Done + III

Handwritten: Normal ECG

(Needs Clinical Correlation)
for further Management)

Dr. SRIDHAR L
 MD, (Med), DM (Cardio), FICG
 Interventional Cardiologist
 K.M.C. No.: 32248
 avr



Name	SAKSHI	Customer ID	MED111034433
Age & Gender	31Y/F	Visit Date	Mar 26 2022 8:46AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Prominent bronchovascular markings seen in right lower zone.

Cardiac size is within normal limits.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Sugg: Clinical correlation.



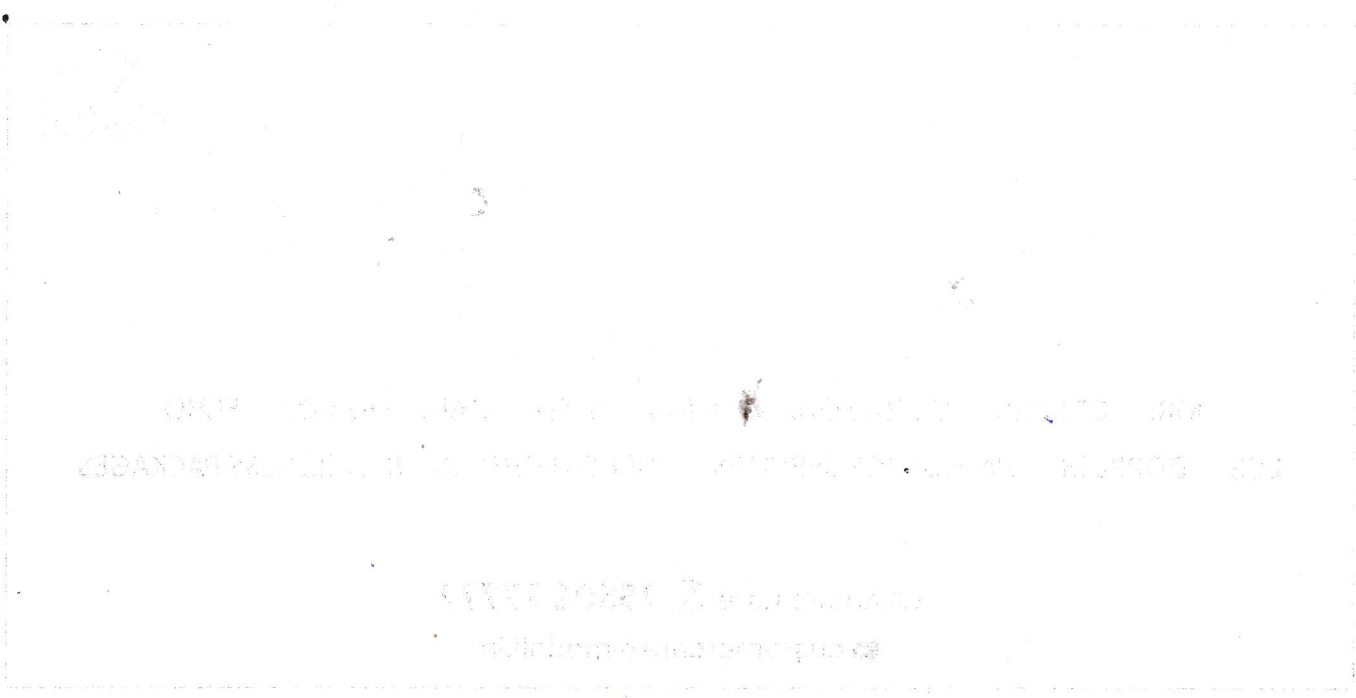
DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



Name	MS.SAKSHI	ID	MED111034433
Age & Gender	31Y/FEMALE	Visit Date	26/03/2022
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased 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 madeout.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	1.8
Left Kidney	10.0	1.7

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

UTERUS is anteverted and has bulky in size.
It has uniform myometrial echopattern.
Endometrial echo is of normal thickness – 10.0mms.
Uterus measures as follows:
LS: 9.2cms AP: 3.3cms TS: 5.8cms.

..2



	MS.SAKSHI	ID	MED111034433
Gender	31Y/FEMALE	Visit Date	26/03/2022
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:2:

OVARIES are normal in size and show polycystic morphology

Ovaries measures as follows:

Right ovary: 2.8 x 2.0 x 2.4cms, vol-7.1cc.

Left ovary: 3.3 x 2.2 x 2.5cms, vol-9.5cc.

Minimal fluid is seen in POD

Adnexa are free.

Impression:

- *Bulky uterus*
- *Bilateral polycystic ovaries*
- *Increased hepatic echopattern suggestive of fatty infiltration*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/pu



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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.90	cms
LEFT ATRIUM	:	3.47	cms
AVS	:	1.39	cms
LEFT VENTRICLE (DIASTOLE)	:	4.57	cms
(SYSTOLE)	:	2.62	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.98	cms
(SYSTOLE)	:	1.84	cms
POSTERIOR WALL (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	2.00	cms
EDV	:	95	ml
ESV	:	30	ml
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	1.96	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.15m/s 'A' -0.70m/s	NO MR
AORTIC VALVE	:1.05 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84m/s	NO PR



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:2:

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 : 65 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

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

