



Reg. ID : 233556
Name of Patient : MRS. TARA KUMARI
Age/Gender : 30 years / Female
Refd by Dr. : MEDIWHEEL
Mobile No. : 7488350850
Sample Type : EDTA

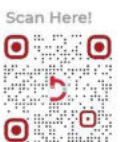
Panel Company : MEDIWHEEL
Lab Request ID : 222810012
Sample Collection Date : Oct 08, 2022, 08:53 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 08:54 a.m.
Test Reported On : Oct 08, 2022, 04:09 p.m.

| Test Description | Value | Unit | Biological Ref Interval |
|---|----------|--------------|-------------------------|
| Complete Blood Count (CBC) | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| HAEMOGLOBIN (Hb) | 11.2 ▼ | gm/dl | 12.00 - 15.00 |
| Method : SLS | | | |
| TLC (Total Leucocyte Count) | 5500 | /cumm | 4000.00 - 10000.00 |
| Method : ELECTRIC IMPEDENCE | | | |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHIL | 55 | % | 40.00 - 70.00 |
| LYMPHOCYTE | 36 | % | 20.00 - 40.00 |
| EOSINOPHIL | 05 | % | 1.00 - 6.00 |
| MONOCYTE | 04 | % | 2.00 - 10.00 |
| BASOPHIL | 0 | % | 0.00 - 2.00 |
| E.S.R. | 38 ▲ | mm/Ist hr. | 0.00 - 20.00 |
| Method : Westergen | | | |
| R B C (Red Blood Cell Count) | 3.8 | Millions/cmm | 3.80 - 4.80 |
| Method : Impedence | | | |
| PCV (Hematocrit) | 35.9 ▼ | % | 36.00 - 46.00 |
| M C V (Mean Corp Volume) | 94.47 | fL | 83.00 - 101.00 |
| Method : CALCULATED | | | |
| M C H (Mean Corp Hb) | 29.47 | pg | 27.00 - 32.00 |
| Method : CALCULATED | | | |
| M C H C (Mean Corp Hb Conc) | 31.2 ▼ | % | 31.50 - 34.50 |
| Method : CALCULATED | | | |
| MPV | 13.1 ▲ | fL | 6.5-12 |
| Method : Calculated | | | |
| PLATELET COUNT | 137000 ▼ | /cumm | 150000.00 - 410000.00 |
| Method : Impedence | | | |
| ABSOLUTE EOSINOPHIL COUNT | 275 | /cumm | 40.00 - 440.00 |
| ABSOLUTE LYMPHOCYTES COUNT | 1980 | /cumm | 1000.00 - 3000.00 |
| ABSOLUTE NEUTROPHIL COUNT | 3025 | /cumm | 2000.00 - 7000.00 |
| Method : MICROSCOPY | | | |
| RDW -CV | 16.9 ▲ | % | 11.60 - 14.00 |
| RDW -SD | 45.9 | fL | 39.00 - 46.00 |
| PDW | 18.4 | | 8.3 - 25 |

END OF REPORT

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.


Dr. A. LALCHANDANI
M.D. (Pathology)






Reg. ID : 233556 **Panel Company** : MEDIWHEEL
Name of Patient : MRS. TARA KUMARI **Lab Request ID** : 222810012
Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:54 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 05:26 p.m.
Sample Type : EDTA

| Test Description | Value | Unit | Biological Ref Interval |
|--|----------|------|-------------------------|
| <u>Blood Group ABO & RH TYPING*</u> | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| BLOOD GROUP ABO | O | | |
| RH Typing | Positive | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)






Reg. ID : 233556 **Panel Company** : MEDIWHEEL
Name of Patient : MRS. TARA KUMARI **Lab Request ID** : 01222810012
Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:54 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 05:37 p.m.
Sample Type : FLUORIDE-F

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| <u>BLOOD GLUCOSE FASTING</u> | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| BLOOD GLUCOSE FASTING | 90 | mg/dl | 70 - 99 |
| Method : Hexokinase | | | |
| Comments | | | |
| Fasting Blood Sugar: 70-99 mg/dl : Non Diabetic | | | |
| 100-125 mg/dl : Impaired Fasting Glucose | | | |
| >125 mg/dl : Diabetic | | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233556 **Panel Company** : MEDIWHEEL
Name of Patient : MRS. TARA KUMARI **Lab Request ID** : 222810012
Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:54 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 05:37 p.m.
Sample Type : FLOURIDE PP

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

Arogya_Bank of Baroda_Health Check_Female

| | | | |
|-------------------------|-----|-------|----------|
| BLOOD GLUCOSE PP | 101 | mg/dl | 70 - 139 |
|-------------------------|-----|-------|----------|

Method : Hexokinase

Comments

PP Blood Sugar: 70-139 mg/dl : Non Diabetic
140-199 mg/dl : Impaired Glucose
>200 mg/dl : Diabetic

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233556
Name of Patient : MRS. TARA KUMARI
Age/Gender : 30 years / Female
Refd by Dr. : MEDIWHEEL
Mobile No. : 7488350850
Sample Type : URINE

Panel Company : MEDIWHEEL
Lab Request ID : 222810012
Sample Collection Date : Oct 08, 2022, 08:53 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 08:55 a.m.
Test Reported On : Oct 08, 2022, 04:50 p.m.

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

URINE Examination R/M*

Arogya_Bank of Baroda_Health Check_Female

Physical examination

| | | | |
|------------|---------------|---|-------------|
| Quantity | 20ml | | |
| Colour | Pale Yellow | . | Pale yellow |
| Appearance | Slightly Hazy | | |

Chemical Examination

| | | | |
|-----------------------------------|----------|--|---------------|
| Ph | 6.5 | | 5.0-8.0 |
| Method : Method : Dipstick Manual | | | |
| Specific Gravity | 1.020 | | 1.005 - 1.030 |
| Method : Method : Dipstick Manual | | | |
| Protein | Negative | | Negative |
| Method : Method : Dipstick Manual | | | |
| Glucose | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Bilirubin | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Ketones | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Nitrite | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Urobilinogen | Normal | | Normal |
| Method : Dipstick/Manual | | | |


Microscopic Examination - Method "Microscopy"

| | | | |
|-------------------|--------------|------|-----------|
| Pus cells | 2 - 3 | /hpf | 0 - 4/hpf |
| Red Blood Cells | NIL | /hpf | Nil |
| Epiethelial Cells | 2 - 3 | /hpf | 1 - 2/hpf |
| Crystals | Ca-oxalate | . | Absent |
| | Present(few) | | |
| Casts | Absent | . | Absent |
| Yeast | Absent | . | Absent |
| Bacteria | Absent | . | Absent |

Note

Pus Cells are significant only in midstream sample. Important for interpretation in female patient as local contamination may occur.

A urine analysis alone usually doesn't provide a definite diagnosis. Depending on the reason your doctor recommended this test, you might need follow-up for unusual results. Evaluation of the urine analysis results with other tests can help your provider determine next steps. Getting standard test results from a urine analysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted. Tell your doctor if you still have signs and symptoms.



Dr. A. LALCHANDANI
M.D. (Pathology)



| | | | |
|------------------------|---------------------|-----------------------------------|----------------------------|
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| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Oct 08, 2022, 08:55 a.m. |
| Mobile No. | : 7488350850 | Test Reported On | : Oct 08, 2022, 04:50 p.m. |
| Sample Type | : URINE | | |

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

END OF REPORT

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.



Dr. A. LALCHANDANI
M.D. (Pathology)



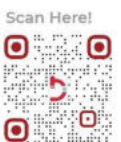
Reg. ID : 233556
Name of Patient : MRS. TARA KUMARI
Age/Gender : 30 years / Female
Refd by Dr. : MEDIWHEEL
Mobile No. : 7488350850
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00222810012
Sample Collection Date : Oct 08, 2022, 08:53 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 08:55 a.m.
Test Reported On : Oct 08, 2022, 04:41 p.m.

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------|--|
| <u>Lipid-Profile*</u> | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| CHOLESTROL TOTAL | 195 | mg/dL | Desirable : < 200 Borderline: 200 - 239 High : > 240 |
| Method : CHOD-POD | | | |
| T.G | 164 | mg/dL | Desirable < 150 Borderline High 150 - 199 High 200 - 499 Very High > 500 |
| Method : ENZYMATYIC (E.P) | | | |
| HDL | 40 | mg/dL | 40-60 |
| Method : Enzymatic immunoinhibition | | | |
| V L D I | 32.8 | mg/dl | 07 - 35 |
| Method : Calculated | | | |
| LDL CHOLESTEROI | 122.2 | mg/dl | Desirable :- < 100 Border line: 130 - 159 High Risk : 160 - 189 Very High : > 190 |
| Method : Calculated | | | |
| LDL / HDL CHOLESTEROL Ratio | 3.06 | | 2.5 - 3.5 High : > 3.5 |
| Method : Calculated | | | |
| TOTAL / HDL CHOLESTEROL Ratio | 4.88 | | Moderate Risk : 3.5 - 5.0 High Risk : > 5.0 |
| Method : Calculated | | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233556
Name of Patient : MRS. TARA KUMARI
Age/Gender : 30 years / Female
Refd by Dr. : MEDIWHEEL
Mobile No. : 7488350850
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00222810012
Sample Collection Date : Oct 08, 2022, 08:53 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 08:55 a.m.
Test Reported On : Oct 08, 2022, 04:41 p.m.

Liver Function Test (LFT)*

Arogya_Bank of Baroda_Health Check_Female

| | | | |
|--|--------------|-------|-----------|
| BILIRUBIN TOTAL | 0.3 | mg/dL | 0.3 - 1.2 |
| Method : DIAZO | | | |
| BIL DIRECT | 0.1 | mg/dL | < 0.2 |
| Method : DIAZO | | | |
| BIL INDIRECT | 0.2 ▼ | | 0.4-1.1 |
| Method : CALCULATED | | | |
| AST/SGOT | 45 ▲ | μ/L | < 35 |
| Method : UV WITHOUT P5P | | | |
| ALT/SGPT | 42 ▲ | μ/L | < 35 |
| Method : UV WITHOUT P5P | | | |
| ALKALINE PHOSPHATE | 73 | IU/L | 30-120 |
| Method : PNPP, AMP BUFFER | | | |
| TOTAL PROTEIN | 7.5 | g/dL | 6.6 - 8.3 |
| Method : BIURET | | | |
| ALBUMIN | 3.8 | g/DL | 3.5 - 5.2 |
| Method : BCG | | | |
| GLOBULIN | 3.7 ▲ | g/dl | 2.0-3.5 |
| Method : Calculated | | | |
| A/G RATIO | 1.03 | | 0.9-2.5 |
| Method : Calculated | | | |
| GGT | 15 | μ/L | < 38 |
| Method : Glutamyl carboxy nitroanilide Glycylglycine | | | |

****END OF REPORT****

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions


Dr. A. LALCHANDANI
M.D. (Pathology)





| | |
|---|--|
| Reg. ID : 233556 | Panel Company : MEDIWHEEL |
| Name of Patient : MRS. TARA KUMARI | Lab Request ID : 222810012 |
| Age/Gender : 30 years / Female | Sample Collection Date : Oct 08, 2022, 08:53 a.m. |
| Refd by Dr. : MEDIWHEEL | Sample Acknowledgment Date : Oct 08, 2022, 08:54 a.m. |
| Mobile No. : 7488350850 | Test Reported On : Oct 08, 2022, 10:12 p.m. |
| Sample Type : EDTA | |

GLYCOSYLATED HAEMOGLOBIN HbA1c*

Arogya_Bank of Baroda_Health Check_Female

HBA1C* 4.9 % 4.00 - 5.70

Method : HPLC - Ion Exchange

MEAN BLOOD GLUCOSE LEVEL Mean Blood 94 mg/dL 68 - 117

Glucose Level over past 60 days period

INTERPRETATION

According to recommendations of the American Diabetes Association (ADA)

| Group | HbA1c in % |
|---------------------------------|----------------|
| Non-Diabetic adults 18 year | 4.5 - 5.6 |
| At risk of developing diabetes | > 5.7 to < 6.4 |
| Diagnosing of Diabetes mellitus | >= 6.5 |

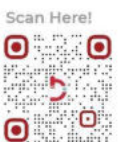
Comments

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have q high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Diabetes patients with HbA1c levels below 7%(DCCT/NGSP) meet the goal of the ADA.
- HbA1c levels below the established reference interval may indicate recent episodes of hypoglycemia, the presence of Hb variants or shortened lifetime of erythrocytes.
- 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.

FACTORS THAT INTERFERE WITH HbA1C Measurement- Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the with renal failure) can affect the accuracy of HbA1c measurements.

FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS - Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

END OF REPORT





| | | | |
|------------------------|---------------------|-----------------------------------|----------------------------|
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| Age/Gender | : 30 years / Female | Sample Collection Date | : Oct 08, 2022, 08:53 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Oct 08, 2022, 08:54 a.m. |
| Mobile No. | : 7488350850 | Test Reported On | : Oct 08, 2022, 10:12 p.m. |
| Sample Type | : EDTA | | |



Dr. A. LALCHANDANI
M.D. (Pathology)

| Value | Unit | Biological Ref Interval |
|-------|------|-------------------------|
|-------|------|-------------------------|





| | | | |
|------------------------|---------------------|-----------------------------------|----------------------------|
| Reg. ID | : 233556 | Panel Company | : MEDIWHEEL |
| Name of Patient | : MRS. TARA KUMARI | Lab Request ID | : R222810012 |
| Age/Gender | : 30 years / Female | Sample Collection Date | : Oct 08, 2022, 08:53 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Oct 08, 2022, 08:55 a.m. |
| Mobile No. | : 7488350850 | Test Reported On | : Oct 10, 2022, 01:40 p.m. |
| Sample Type | : RADIO | | |

X-ray Chest P.A*

Arogya_Bank of Baroda_Health Check_Female

Bronchovascular markings are increased and consolidation is seen. No active lung parenchymal lesion seen.

Both hila shows small calcified nodes.

Cardiac silhouette is normal.

Rib cage appears normal.

Bilateral CP angles are clear.

Kindly correlate clinically.

END OF REPORT

Dr. SARABJEET
Sr. Radiologist M.D.





Reg. ID : 233556 **Panel Company** : MEDIWHEEL
Name of Patient : MRS. TARA KUMARI **Lab Request ID** : 00222810012
Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:55 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 05:24 p.m.
Sample Type : SERUM

| Test Description | Value | Unit | Biological Ref Interval |
|---|---------------|-------|-------------------------|
| Thyroid Function Test (T3,T4,TSH) | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| TOTAL T3 | 0.91 | ng/mL | 0.60 - 1.83 |
| Method : CLIA | | | |
| TOTAL T4 | 6.58 | ug/dl | 5.48 - 14.28 |
| Method : CLIA | | | |
| Thyroid Stimulating Hormone - TSH | 8.48 ▲ | uU/ml | 0.35 - 5.50 |
| Method : CLIA | | | |

COMMENTS:-

A high TSH result often means an underactive thyroid gland caused by failure of the gland (Hypothrodism). Very rarely,a high TSH result can indicate a problem with the pituitary gland , such as a tumour , in what is known as secondary hyperthrodism . A high TSH value can also occur in people with underactive thyroid gland who have been receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH . A low TSH result can also occur in people with an underactive thyroid gland who are receiving too much thyroid hormone medication .

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





CIN No : L85320DL2017PLC321605

| | | | |
|-----------------|---------------------|----------------------------|----------------------------|
| Reg. ID | : 233556 | Panel Company | : MEDIWHEEL |
| Name of Patient | : MRS. TARA KUMARI | Lab Request ID | : R222810012 |
| Age/Gender | : 30 years / Female | Sample Collection Date | : Oct 08, 2022, 08:53 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Oct 08, 2022, 08:55 a.m. |
| Mobile No. | : 7488350850 | Test Reported On | : Oct 10, 2022, 09:49 a.m. |
| Sample Type | : RADIO | | |

Female Ultrasound Whole Abdomen*

Arogya_Bank of Baroda_Health Check_Female

Liver measures 13.6 cm in the craniocaudal axis , outline smooth with homogenous **echotexture is mildly reflective suggestive of fatty change grade I.** No obvious focal parenchymal lesion seen no extra or intra hepatic billiary dilatation is noted . Hepatic veins drain normally in to IVC . Portal vein is normal and in course and caliber.

Gall bladder is distended. No intra luminal calculus is seen. Gall bladder wall is normal in thickness Common bile duct is normal in caliber and lumen is clear.

Pancreas is normal in size & outline Echotexture is homogenous. No evidence of any focal lesion or calcification is seen. Pancreatic duct is not dilated.

Spleen measures 8.2 cm normal in outline and echotexture. No focal lesion calcification is seen.

Right **kidney** measures 84 X 41.5 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

Left **kidney** measures 99 X 42 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

Urinary bladder is distended. wall thickness is normal ,no calculus or mass seen.

Uterus is retroverted and measures 84 x 32 mm Myometrium is homogenous . No mass or focal lesion is seen .

Entrometrium is 5.2 mm in thickness.

Right ovary measures 84 x 41.5 mm in size. No mass or cyst is seen within

Left ovary measures 110 x 48 mm in size. No mass or cyst is seen within

Both adenexa are normal . Cervical canal is normal

No significant retroperitoneal lymph adenopathy . No peritoneal fluid seen.

Impression: Early fatty liver.

Dr Lalchandani Labs Ltd.

lalchandaniopathlab.com



CIN No : L85320DL2017PLC321605

| | | | |
|------------------------|---------------------|-----------------------------------|----------------------------|
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| Age/Gender | : 30 years / Female | Sample Collection Date | : Oct 08, 2022, 08:53 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Oct 08, 2022, 08:55 a.m. |
| Mobile No. | : 7488350850 | Test Reported On | : Oct 10, 2022, 09:49 a.m. |
| Sample Type | : RADIO | | |

END OF REPORT

If tests results are alarming/unexpected, client is advised to contact the Lab immediately for possible remedial actions

Dr. SARABJEET
Sr. Radiologist M.D.



Reg. ID : 233556 **Panel Company** : MEDIWHEEL
Name of Patient : MRS. TARA KUMARI **Lab Request ID** : 00222810012
Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:55 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 04:41 p.m.
Sample Type : SERUM

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| <u>SERUM CREATININE</u> | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| CREATNINE | 0.63 | mg/DL | 0.51 - 0.95 |
| Method : ALKALINE PICRATE KINETIC | | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)






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Sample Type : SERUM

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------------|-------------------------|
| | | BUN* | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| BUN | 12.5 | mg/dL | 6.0 - 20.0 |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233556 **Panel Company** : MEDIWHEEL
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Sample Type : SERUM

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| <u>SERUM URIC ACID</u> | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| URIC ACID | 3.9 | mg/DL | 2.6 - 6.0 |
| Method : URICASE CALORIMETRIC | | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)






Reg. ID : 233556 **Panel Company** : MEDIWHEEL
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Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:55 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 05:27 p.m.
Sample Type : URINE

| Test Description | Value | Unit | Biological Ref Interval |
|---|--------|------|-------------------------|
| Arogya_Bank of Baroda_Health Check_Female | | | |
| URINE SUGAR (PP) | Absent | | |

END OF REPORT


Dr. A. LALCHANDANI
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Reg. ID : 233556 **Panel Company** : MEDIWHEEL
Name of Patient : MRS. TARA KUMARI **Lab Request ID** : 222810012
Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:55 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 05:26 p.m.
Sample Type : URINE

| Test Description | Value | Unit | Biological Ref Interval |
|---|--------|------|-------------------------|
| <u>URINE SUGAR (FASTING)*</u> | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| Urine Sugar (Fasting) | Absent | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233556 **Panel Company** : MEDIWHEEL
Name of Patient : MRS. TARA KUMARI **Lab Request ID** : 00222810012
Age/Gender : 30 years / Female **Sample Collection Date** : Oct 08, 2022, 08:53 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:55 a.m.
Mobile No. : 7488350850 **Test Reported On** : Oct 08, 2022, 04:41 p.m.
Sample Type : SERUM

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| <u>CALCIUM</u> | | | |
| Arogya_Bank of Baroda_Health Check_Female | | | |
| CALCIUM | 8.7 | mg/dL | 8.4 - 10.2 |
| Method : Arsenazo III | | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Dr. LAL CHANDANI LABS
19C, PUNJABI CLUB ROAD,
WEST PUNJABI BAGH, NEW DELHI

Last Name: **LARANI MARI**
 First Name: **LARANI MARI**
 ID: **0908045**
 Date: **08/10/2022**
 Physician: **ERNR 01**

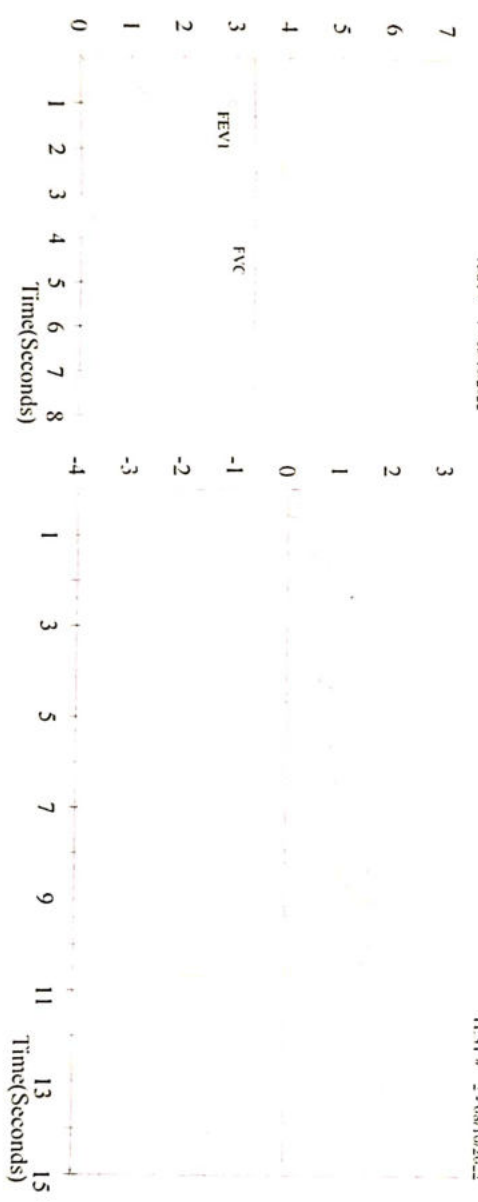
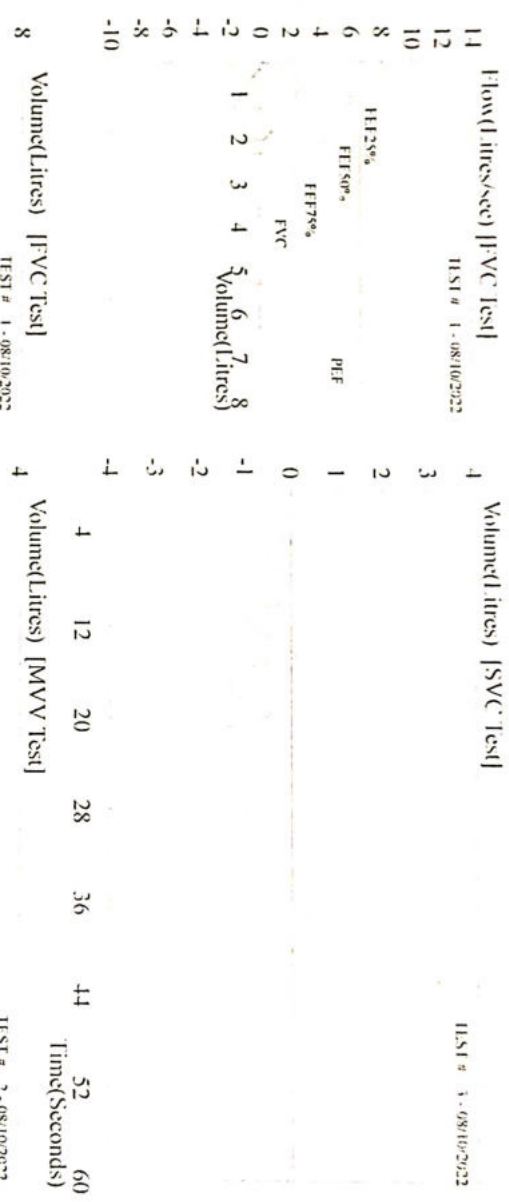
Date of Birth: **05/08/1992**
 Sex: **Female**
 Ethnic Corr: **100%**
 Description:
 Comments:

Age: **30**
 Weight (Kg): **67**
 Height (cm): **158**
 BSA (m2): **1.68**
 Smoke: **no**

Spirometry Results

| Parameter | Prev | Pre | %dPrev |
|-----------------|------|--------|--------|
| FVC (L) | 1.33 | 1.8 | 54 |
| FVC % | --- | 0.96 | --- |
| FEV1 (L) | 2.89 | 1.54 | 53 |
| FEV1 % | 0.68 | 2.59 | 39 |
| PEFR (L/s) | --- | 1.96 | --- |
| FEF25-75 (L/s) | 3.88 | 2.05 | 53 |
| FEF25% (L/s) | 5.94 | 2.48 | 42 |
| FEF50% (L/s) | 4.28 | 2.11 | 49 |
| FEF75% (L/s) | 2.02 | 1.34 | 66 |
| FEV1/FEV5 (L/s) | 81.1 | 85.56 | 103 |
| FVC Time (Sec) | --- | 1.79 | --- |
| SVC (L) | 1.3 | 2.19 | 66 |
| RV (L) | --- | 0.62 | --- |
| RV % | --- | 0.51 | --- |
| VE (L/min) | --- | 10.83 | --- |
| RV (L/min) | --- | 10.22 | --- |
| TI (sec) | --- | 2.75 | --- |
| IC (sec) | --- | 3.12 | --- |
| VC (L) | --- | 1.06 | --- |
| VC/TI (L/s) | --- | 0.39 | --- |
| IC/TI (sec) | --- | 0.47 | --- |
| IC (L) | --- | 1.57 | --- |
| MVV (L/min) | --- | 107.62 | 2 |
| MVEF (L/min) | --- | 5 | --- |
| MV1 (L) | --- | 0.49 | --- |
| MV5 (L) | --- | 15.38 | --- |
| ELA (Years) | 29 | 83 | --- |

Pre Medication Report Indicates
 ESA Obstruction PEF < 70% PredPEF or FEF <
 70% PredFEF



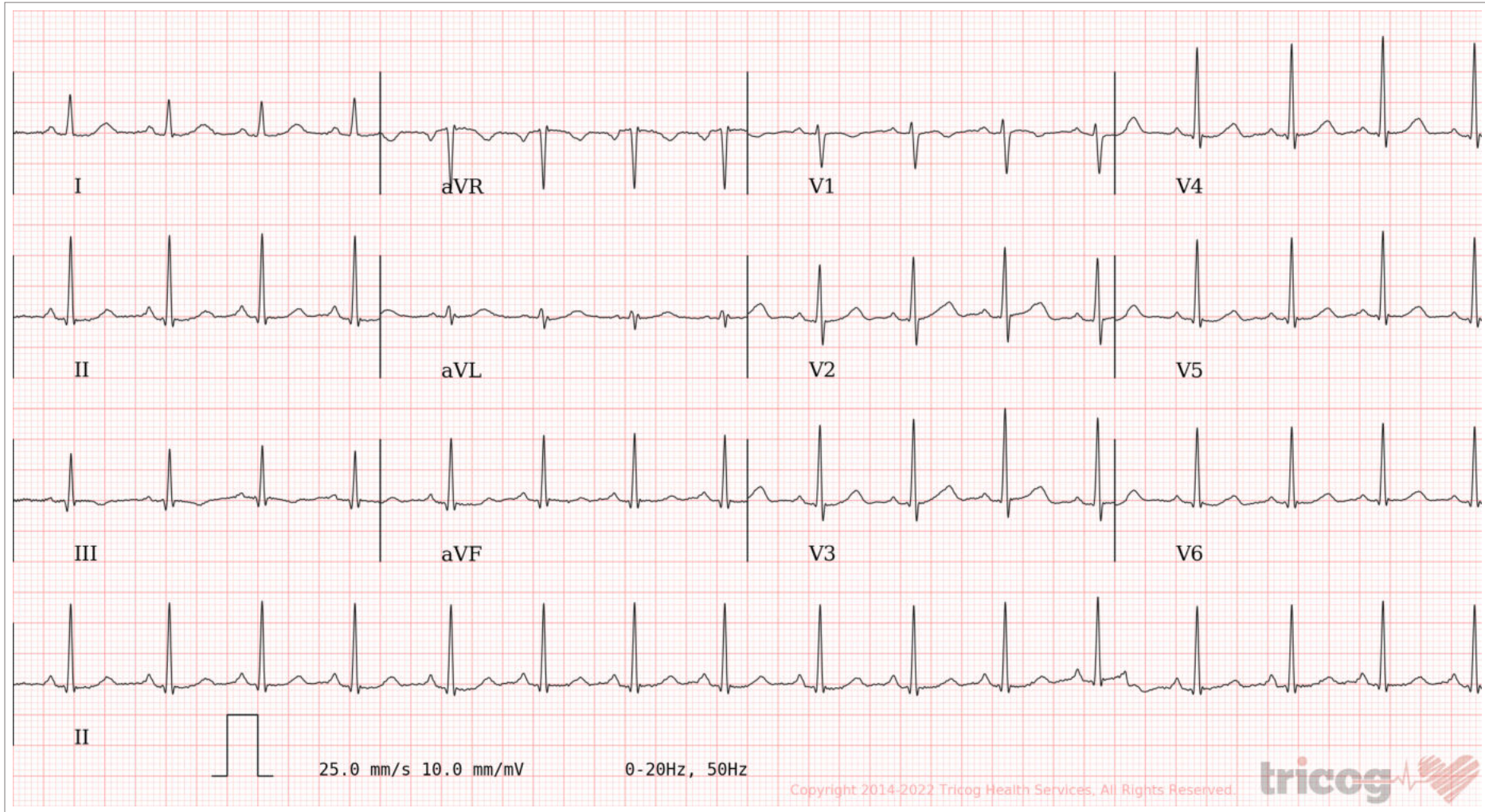
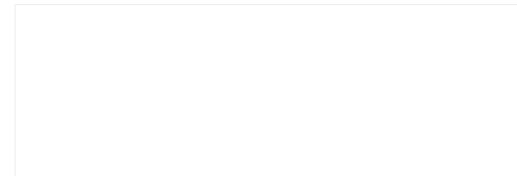
Dr.

Age / Gender: 30/Female

Date and Time: 8th Oct 22 12:30 PM

Patient ID: 07

Patient Name: Tara



AR: 99.0bpm VR: 98.0bpm QRSD: 76.0ms QT: 340.0ms QTc: 435.0ms PRI: 146.0ms P-R-T: 50.0° 65.0° 8.0°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Prathima S.K

Name: Mrs. TARA KUMARI
Ref:

Age/Sex : 30YRS/F
Date: 08/10/2022

Transthoracic Echo-Doppler Report

M-Mode/2-D Description:

Left Ventricle It is Normal Size. There is no regional wall motion abnormality.
Global LVEF is 60%.
Left Atrium It is normal size.
Right Atrium It is normal size.
Right Ventricle It is normal size. RV systolic function is normal.
Aortic Valve Aortic cusps are normal.
Mitral Valve It opens normally. Subvalvular apparatus appears normal.
Tricuspid valve It appears normal.
Pulmonary Valve It appears normal.
Main Pulmonary artery & its branches: Appear normal.
No intracardiac clot/mass/veg.
Pericardium: There is no pericardial effusion.
IAS & IVS: Intact.

2-D/ M-Mode Measurements (mm):

| | Observed Values | Normal Values |
|----------------------|-----------------|----------------------------|
| Aortic root diameter | 23 | 20-36 (mm/M ²) |
| Aortic Valve Opening | | 15-26 |
| Left Atrium size | 23 | 19-40 |

| | End Diastole | End Systole | Normal Values |
|--------------------------|--------------|-------------|-----------------------|
| Left Ventricle Size | 46 | 28 | (ED= 37-56; ES=22-40) |
| Interventricular Septum | 09 | 10 | (ED= 6-12) |
| Posterior Wall Thickness | 09 | 10 | (ED= 5-10) |

| | | |
|--------------------------|-----|---------|
| LV Ejection Fraction (%) | 60% | 55%-80% |
|--------------------------|-----|---------|



Doppler Velocities:

Msr. TARA KUMARI

| | | | |
|--------------------------------|-----------------------------|--------------------------------|-----|
| Pulmonary Valve (Cm / Sec.) | | Aortic Valve (Cm / Sec.) | |
| Max Velocity | 100 | Max Velocity | 112 |
| Max PG | 4.0 | Mean Velocity | |
| Mean PG | | Max PG | 5.1 |
| | | Mean PG | |
| Mitral Valve (Cm / Sec.) | Mitral Valve (Cm / Sec.) | Tricuspid Valve (Cm / Sec.) | |
| E -97 | Max Velocity | Max Velocity | |
| A -78 | Mean Velocity | Mean Velocity | |
| DT - | Max PG | Max PG | 14 |
| PHT - | Mean PG | Mean PG | |

Requirqitation

| | | | |
|---------------|------|--------------|-----|
| | MR | | TR |
| Severity | Mild | Severity | Nil |
| Max Velocity | | Max Velocity | |
| Mean Velocity | | Max Gradient | |
| | AR | | PR |
| Severity | Nil | Severity | Nil |
| ED Velocity | | PADP | |
| PHT | | Mean PAP | |

Final Interpretation

Study done at heart rate 78 BPM
 No regional wall motion abnormality. Global LVEF= 60%.
 Normal cardiac chambers dimensions.
 Mild MR.
 No TR (RVSP=14+ RAP).
 RV systolic function is normal.
 No intra cardiac clot/mass/veg./pericardial effusion.
 IVC normal with >50% respiratory variation

Dr. Saurabh Bagga
 MD, DM (Cardiology)