

Name : Mrs. B V ANITHA

PID No. : MED121623991

Register On : 25/01/2023 8:21 AM

SID No. : 522301280

Collection On : 25/01/2023 9:08 AM

Age / Sex : 37 Year(s) / Female

Report On : 25/01/2023 4:24 PM

Type : OP

Printed On : 27/01/2023 8:14 AM

Ref. Dr : MediWheel

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<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)	12.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	36.1	%	37 - 47
RBC Count (EDTA Blood)	4.07	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.0	g/dL	32 - 36
RDW-CV	13.0	%	11.5 - 16.0
RDW-SD	40.36	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8800	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	65.8	%	40 - 75
Lymphocytes (Blood)	27.2	%	20 - 45
Eosinophils (Blood)	1.6	%	01 - 06
Monocytes (Blood)	5.1	%	01 - 10

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674  
APPROVED BY

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Basophils (Blood)	0.3	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	5.79	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.39	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.14	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.45	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	309	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	8.8	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	2	mm/hr	< 20


  
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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.29	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.16	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.62	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	8.33	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26.82	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	44.6	U/L	42 - 98
Total Protein (Serum/Biuret)	7.01	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.93	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.08	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.37		1.1 - 2.2

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

APPROVED BY

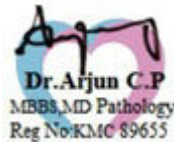
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	151.90	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	86.13	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)	<b>45.62</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	89.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	106.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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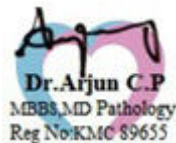
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**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.3		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		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>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.9	%	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 %

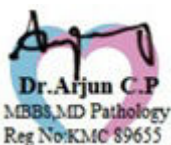
Estimated Average Glucose 122.63 mg/dL  
(Whole Blood)

**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 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/ECLIA)	1.17	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)	7.50	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)	1.95	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&amplt;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 (URINE COMPLETE)**

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.003		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative

  
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Glucose (Urine/GOD - POD)	Normal		Negative
Leukocytes(CP) (Urine)	Negative		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

**INTERPRETATION:**Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

  
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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	10.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	97.10	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.

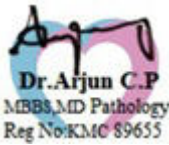
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	85.52	mg/dL	70 - 140

**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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	5.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.52	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)	4.10	mg/dL	2.6 - 6.0
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-- End of Report --

Name	MRS.B V ANITHA	ID	MED121623991
Age & Gender	37Y/FEMALE	Visit Date	25 Jan 2023
Ref Doctor Name	MediWheel		

**ABDOMINO-PELVIC ULTRASONOGRAPHY**

**LIVER** is normal in shape, size (13.4cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** shows normal shape and has clear contents. Wall is of normal thickness. CBD is not dilated.

**PANCREAS** Head appears normal. Rest of the pancreas is obscured by bowel gas shadows. No evidence of ductal dilatation or calcification.

**SPLEEN** shows normal shape, size and echopattern.

**BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.9	1.5
Left Kidney	11.1	1.7

**URINARY BLADDER** shows 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 - 14mm.

Uterus measures LS: 11.3cms      AP: 4.1cms      TS: 5.6cms.

**OVARIES** are normal in size, shape and echotexture

Right ovary measures 2.5 x 1.5cms.      Left ovary measures 2.6 x 1.8cms.

POD & adnexa are free.

No evidence of ascites.

**IMPRESSION:**

- **No significant abnormality detected.**

**DR.KAMESH G**

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Age & Gender	37Y/FEMALE	Visit Date	25 Jan 2023
Ref Doctor Name	MediWheel		

**CONSULTANT RADIOLOGIST**

Kg/an

Name	MRS.B V ANITHA	ID	MED121623991
Age & Gender	37Y/FEMALE	Visit Date	25 Jan 2023
Ref Doctor Name	MediWheel		

## ECHO CARDIOGRAPHIC STUDY

<b>M-Mode</b>				
AORTA			27	mm
LEFT ARTIUM			28	mm
RIGHT VENTRICLE			23	mm
LEFT VENTRICLE (Diastole)			37	mm
LEFT VENTRICLE (Systole)			24	mm
VENTRICULAR SEPTUM (Diastole)			08	mm
POSTERIOR WALL (Diastole)			09	mm
END DIASTOLIC VOLUME			58	ml
END SYSTOLIC VOLUME			20	ml
STROKE VOLUME			38	ml
FRACTIONAL SHORTENING			35	%
EJECTION FRACTION			66	%
<b>DOPPLER / COLOUR FLOW</b>				
MITRAL VALVE	E- 0.9	A -0.6	m/se c	NO MR
AORTIC VALVE	1.1	-	m/se c	NO AR
TRICUSPID VALVE	-	-	m/se c	NO TR
PULMONARY VALVE	0.8	-	m/se c	NO PR

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Age & Gender	37Y/FEMALE	Visit Date	25 Jan 2023
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### FINDINGS

LEFT VENTRICLE	SIZE	NORMAL
	THICKNESS	NORMAL
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	ABSENT
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	NORMAL	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	INTACT	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	

### **CONCLUSION:**

- **NORMAL CHAMBER DIMENSIONS.**
- **NORMAL VALVES**
- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION.LVEF- 66 %**
- **NO CLOTS / VEGETATION / PE.**

**DR NAGESH M B**  
**CONSULTANT**  
**CARDIOLOGIST**

(PLEASE CORRELATE WITH ECG & CLINICAL FINDINGS)

Name	B V ANITHA	Customer ID	MED121623991
Age & Gender	37Y/F	Visit Date	Jan 25 2023 8:14AM
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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.G KAMESH  
CONSULTANT RADIOLOGIST

# OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No:12 Lakshmi Nilaya, Ground Floor,  
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name **Mrs Anitha**  
Age **37/F**

Ph No **9421132696**

## CHIEF COMPLAINTS

RE / LE / BE

DOV / Blurring / Eyeache / Burning  
Itching / Pricking / Redness

## Visual Activity

	RE	LE
Distance/ Near	<b>6/6</b>	<b>6/6</b>
With PH		
With Glasses/Cl		

Color Vision: **BE = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	<b>- Plano 6/6</b>				<b>- Plano 6/6</b>			
Near								

Advise: Constant use / Near Use / Distance Only

**Ravikumar H L**  
Mr Ravikumar H L **25/01/23**  
(Consultant Optometrist)



MEDICAL EXAMINATION CERTIFICATE

NAME : B.V. Anitha  
AGE : 37 yrs 1 female

GPE :

Height ; 161; Weight : 53.6  
BP : 134/85 Pulse : 75/min.

Systemic Examination :

CVS - S, S<sub>2</sub>T PA - NAD  
rs - NUBS CNS - NAD

Eye Check up : - Enclosed

VA -

N-

Color Vision -

After personal Examination of the case do hereby certify that

Mr / Ms / Mrs <sup>✓</sup> Anitha B.V is found Physically

<sup>✓</sup>  
Fit / Unfit to work

Fit \_\_\_\_\_

Unfit \_\_\_\_\_

Pending \_\_\_\_\_

K.R.S. Shankar  
Signature

Dr. SHANKAR K.R.S.  
Bsc. MBS.,  
KMC No: 15130





37 Years

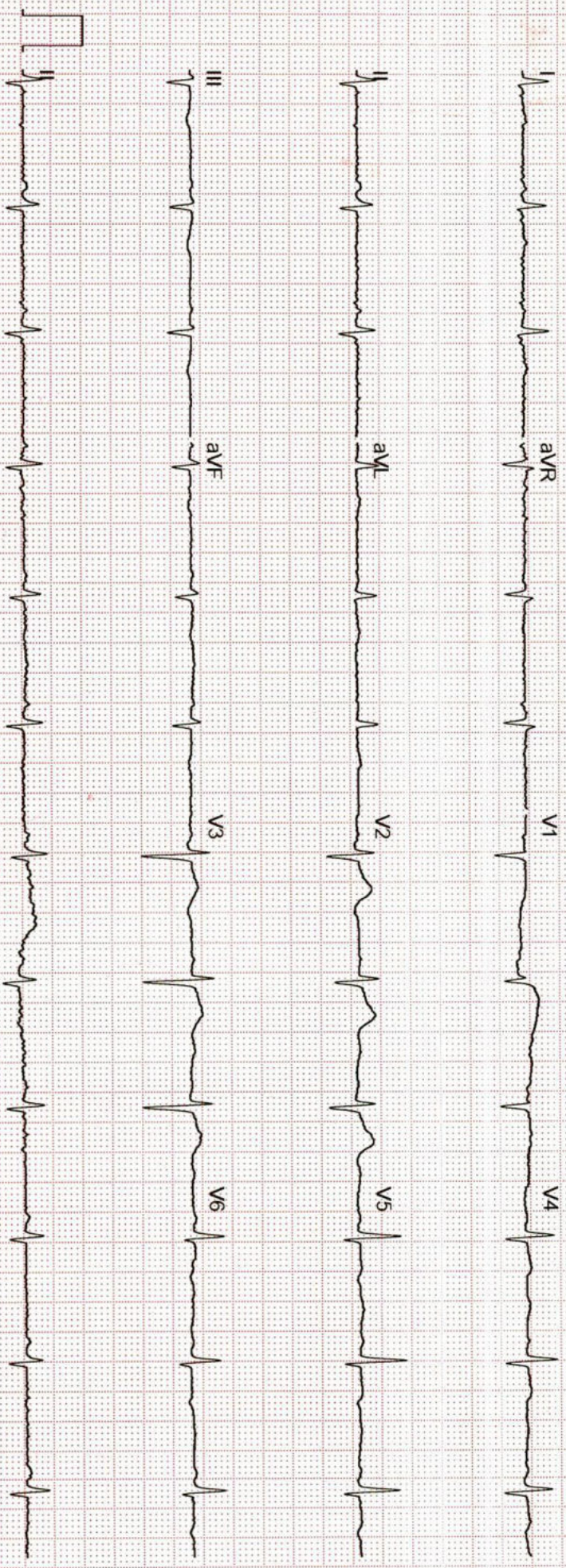
Female

QRS : 72 ms  
QT / QTcBaz : 390 / 417 ms  
PR : 128 ms  
P : 88 ms  
RR / PP : 864 / 869 ms  
P / QRS / T : 32 / -27 / -37 degrees

\*\*\* Poor data quality, interpretation may be adversely affected  
Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Sinus Rhythm  
Nonspecific T wave  
SIT*



Unconfirmed