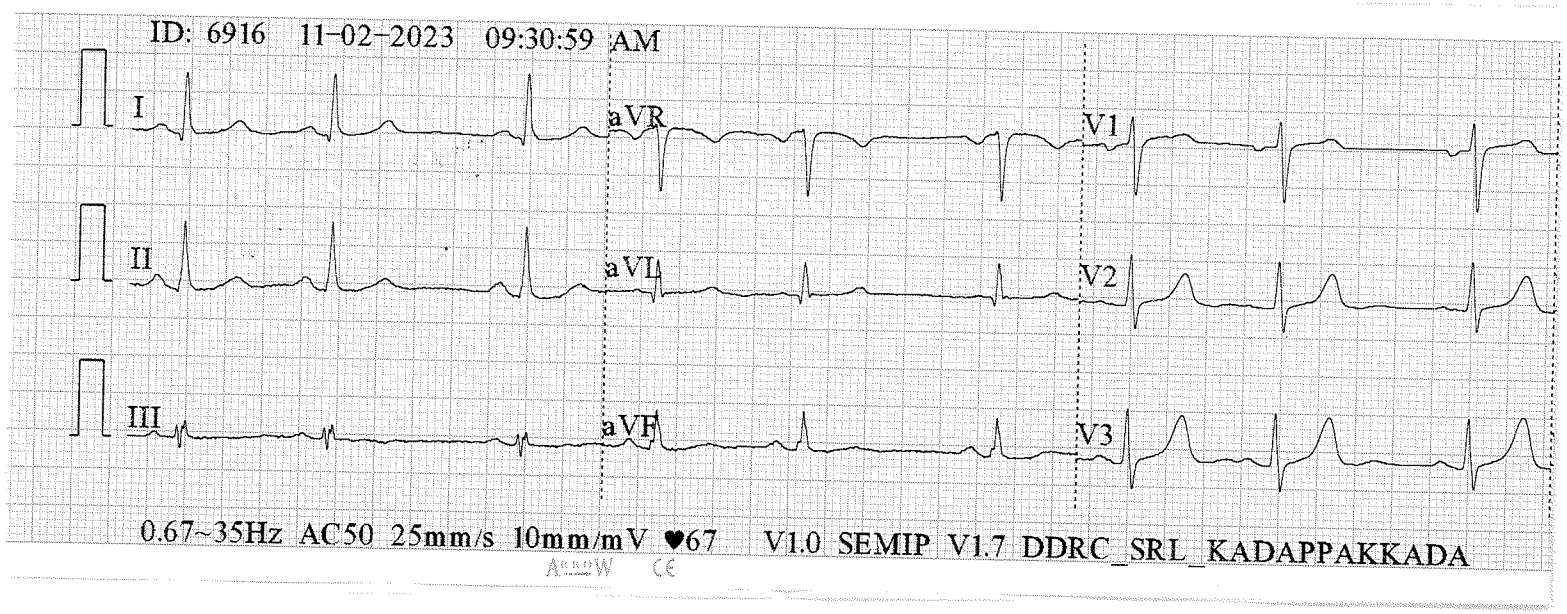
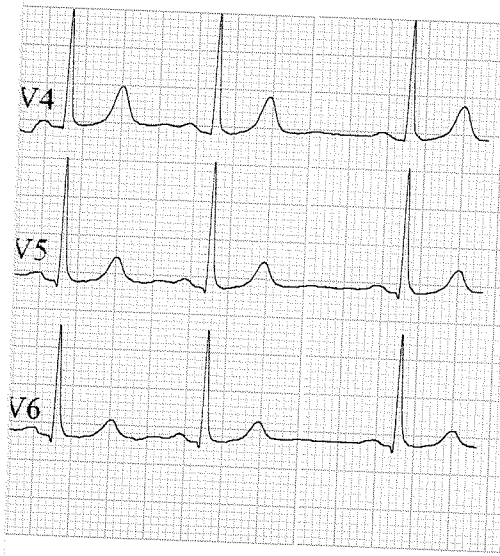

ID: 6916 11-02-2023 09:30:59 AM
I
aVR
V1
II
aVL
V2
III
aVF
V3
0.67~35Hz AC50 25mm/s 10mm/mV ♥67 V1.0 SEMIP V1.7 DDRC_SRL_KADAPPAKKADA



ID: 6916

Female / mmHg
48Years
cm kg

Diagnosis Information:

Mrs. Ambili
48 | Female
11.02.2023

HR	: 66	bpm
P	: 113	ms
PR	: 155	ms
QRS	: 86	ms
QT/QTc	: 401/421	ms
P/QRS/T	: 52/40/24	°
RV5/SV1	: 1.649/0.745	mV

KOLLAM

Report Confirmed by:

ARROW CE

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Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee : Mr./Mrs./Ms. Ambili Vijayakumar
2. Mark of Identification : (Mole/Scar/any other (specify location)):
3. Age/Date of Birth : 20-05-74 Gender: F/M
4. Photo ID Checked : (Passport/Election Card/PAN Card/Driving Licence/Company ID) Aadhar

PHYSICAL DETAILS:

a. Height ....165..... (cms) b. Weight .....81..... (Kgs) c. Girth of Abdomen ....103... (cms)

d. Pulse Rate .....76... (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	140	130
2nd Reading	90	80

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			normal death
Mother	Living		normal death.
Brother(s)	—		
Sister(s)	Living 43	healthy	

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N ✓

b. Have you undergone/been advised any surgical procedure? Y/N ✓

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N ✓

d. Have you lost or gained weight in past 12 months? Y/N ✓

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N ✓
- Any disorders of Respiratory system? Y/N ✓
- Any Cardiac or Circulatory Disorders? Y/N ✓
- Enlarged glands or any form of Cancer/Tumour? Y/N ✓
- Any Musculoskeletal disorder? Y/N ✓
- Any disorder of Gastrointestinal System? Y/N ✓
- Unexplained recurrent or persistent fever, and/or weight loss Y/N ✓
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N ✓
- Are you presently taking medication of any kind? Y/N ✓

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Seal of Medical Examiner : DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

Name & Seal of DDRC SRL Branch : DDRC SRL PVT LTD Kadappakkada

Date & Time : 13/2/23

DDRC SRL KOLLAM

DDRC SRL Diagnostics Private Limited
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Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
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NAME	AGE/ SEX	DATE
AMBILI VIJAYAKUMAR	48/F	11.02.2023

CHEST X-RAY WITH REPORT

CHEST X-RAY : NORMAL

Impression : Within normal limits

DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

DR ANJALI NAIR V

MBBS,MD

CONSULTANT MICROBIOLOGIST

DDRC SRL DIAGNOSTICS PVT LTD

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

NAME: AMBILI VIJAYAKUMAR	AGE/ SEX :48/F	11.02.2023

ELECTRO CARDIOGRAM REPORT

ELECTRO CARDIOGRAM : NSR –66…../minute. No evidence of ischaemia or chamber hypertrophy

Impression : **ECG within normal limits.**

DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

DDRC SRL DIAGNOSTICS PVT. LTD. KOLLAM

DR ANJALI NAIR V

MBBS,MD

CONSULTANT MICROBIOLOGIST

DDRC SRL DIAGNOSTICS

COLOUR DOPPLER
ULTRASOUND SCANNING
ECHO

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

RADIOLOGY DIVISION

Name : Mrs. Ambili Vijayakumar	*Age : 48yrs*	*Sex: F*	
Ref. from. Mediwheel Arcofemi			*Date : 11.02.2023*

USG OF ABDOMEN (TAS & TVS)

LIVER: Is normal in size (15.5 cms) and echotexture. No focal lesions are seen. No dilatation of intra-hepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

GALL BLADDER: Is minimally distended. Normal in wall thickness. No calculus or mass.

PANCREAS: Visualized head & body appear normal. *Rest obscured by bowel gas.*

SPLEEN: Is normal in size (9.4 cms) and echotexture.

RIGHT KIDNEY: Measures 10.6 x 4.6 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

LEFT KIDNEY: Measures 10.5 x 4.2 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

URINARY BLADDER: Is partially distended. Normal wall thickness. No obvious calculus or mass noted.

UTERUS: ***Measures 8.0 x 4.3 x 6.6 cms. Slightly bulky in size. Two heteroechoic lesions noted - Possibly fibroids. F (1) - 61 x 36.5 mm in the anterior subserosal location, F (2) - 28.4 x 20 mm in the posterior subserosal location.***

Endometrium measures 3.7 mm.

Cervix shows multiple Nabothian cysts.

Right ovary suboptimally visualized.
Left ovary appears normal in size (24 x 16 mm) and echoes.
No adnexal mass lesion seen. No free fluid in POD.

No obvious bowel related mass / collection noted in the visualized segments during the scan time.

IMPRESSION: (Limited study due to poor sonological window)

❖ ***Uterine fibroids.***

- Suggested follow up & clinical correlation
- Images overleaf.

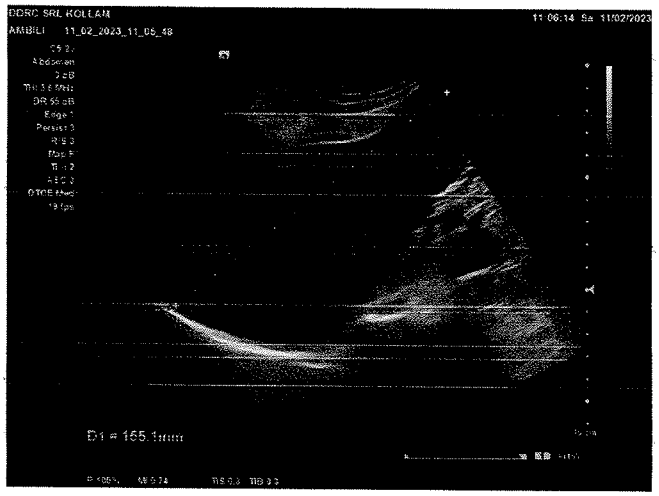
Dr. AISALUTH THULASEEDHARAN
MBBS, DMRD

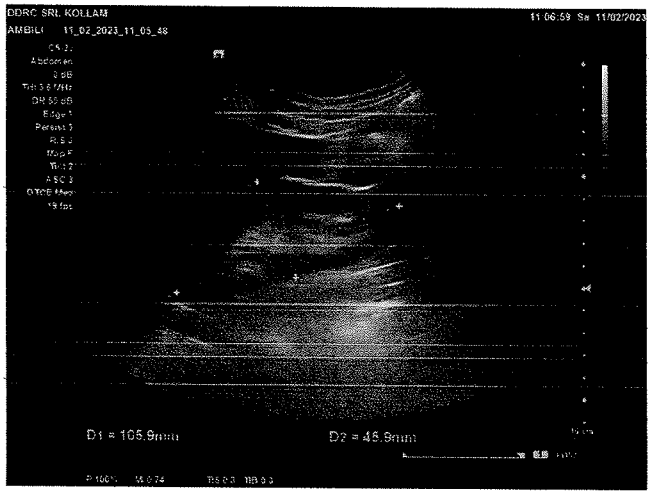
(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound findings not 100% accurate and this report is not valid for medico legal purpose)

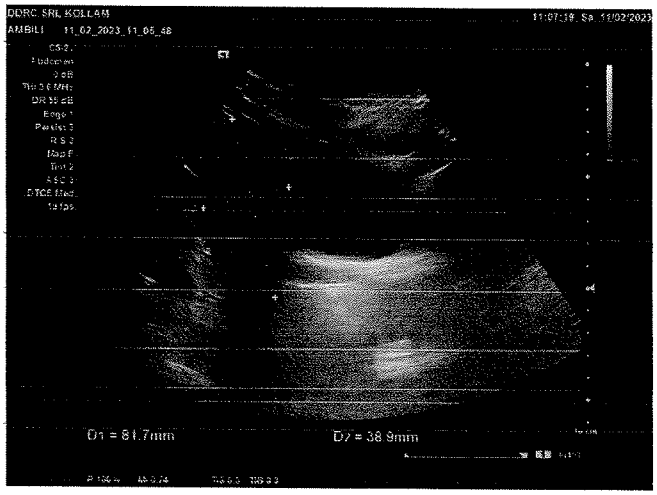
MSK Report

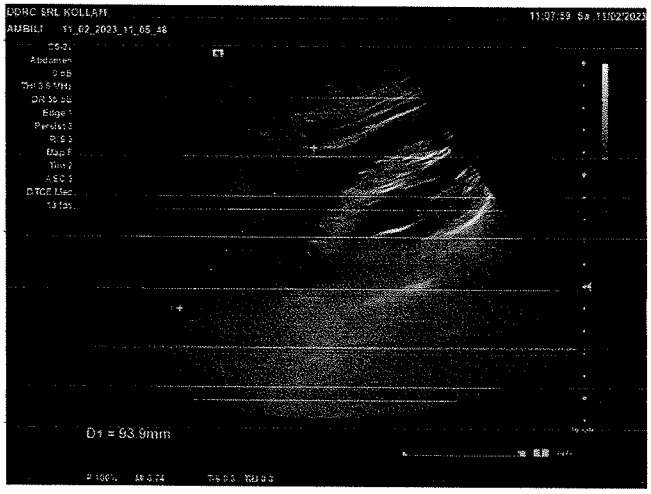
Patient ID : 11_02_2023_11_05_48 **Sex :** **Age :**
Patient Name : AMBILI
Study Date : 11/02/2023
Referring MD :
Performing MD :
Sonographer :
Indication :

Exam Type : MSK
Height : **Weight :**









Signature _____

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From

Ambili Vijaya Kumar
(Spouse R. Vijaya Kumar)
Bank of Baroda, Alwaye.

To

Medy wheel

Stool routine, Eye-checkup, Mammogram, Thyroid, Pap smear, GTT

test are not done

Ambili Vijaya kumar

DDRC SRL DIAGNOSTICS PVT. LTD. PH: 0474 7117831 KOLLAM

LABORATORY SERVICES

Patient Ref. No. 666000003362474

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS : ARCOFEMI HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
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Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : AMBILI VIJAYAKUMAR PATIENT ID : **AMBIF1102754071**

ACCESSION NO : **4071WB002674** AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 11:06 REPORTED : 13/02/2023 15:44

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

TREADMILL TEST			
TREADMILL TEST	NOT DONE		
DENTAL CHECK UP			
DENTAL CHECK UP	NOT DONE		
OPTHAL			
OPTHAL	NOT DONE		
PHYSICAL EXAMINATION			
PHYSICAL EXAMINATION	REPORTED		

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CIN : U85190MH2006PTC161480

(Refer to " CONDITIONS OF REPORTING " Overleaf)

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Patient Ref. No. 666000003362474

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Test Report Status **Preliminary**	Results	Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	6	Adult(<60 yrs) : 6 to 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	11.3		
CREATININE, SERUM			
CREATININE	0.53	18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	91	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL

Comments

*Confirmed by repetition

*Kindly correlate clinically.

* Kindly provide a repeat sample,if clinically not correlating.

LIPID PROFILE, SERUM			
CHOLESTEROL	182	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	91	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	60	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	125	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	122	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL

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ACCESSION NO : **4071WB002674** AGE : 48 Years SEX : Female ABHA NO :

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REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results		Units
VERY LOW DENSITY LIPOPROTEIN	18.2	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	**3.0**	**Low** 3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	2.1	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

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Patient Ref. No. 666000003362474

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Test Report Status **Preliminary**	Results	Units

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction.Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A.CAD with > 1 feature of high risk group
	B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy

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Patient Ref. No. 666000003362474

CLIENT CODE : CA00010147 - MEDIWHEEL
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ACCESSION NO : **4071WB002674** AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 11:06 REPORTED : 13/02/2023 15:44

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	**Results**	**Units**

	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.5	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	%
MEAN PLASMA GLUCOSE	111.2	< 116.0	mg/dL

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	0.54	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.17	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.37	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.6	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.4	General Range : 2 - 3.5 Premature Neonates : 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.9	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23	Adults : < 33	U/L

Scan to View Details

Scan to View Report

Patient Ref. No. 666000003362474

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ACCESSION NO : **4071WB002674** AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 11:06 REPORTED : 13/02/2023 15:44

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results		Units
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	Adults : < 34	U/L
ALKALINE PHOSPHATASE	60	Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	12	Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	5.4	Adults : 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP	TYPE A		
RH TYPE	POSITIVE		
BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	13.4	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.47	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	4.28	4.0 - 10.0	thou/µL
PLATELET COUNT	281	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT	40.7	36 - 46	%
MEAN CORPUSCULAR VOL	91.0	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.9	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.8	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.0	11.6 - 14.0	%
MENTZER INDEX	20.4		
MEAN PLATELET VOLUME	8.8	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	57	40 - 80	%
LYMPHOCYTES	34	20 - 40	%
MONOCYTES	03	2 - 10	%
EOSINOPHILS	6	1 - 6	%
BASOPHILS	0	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.44	2.0 - 7.0	thou/µL

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Patient Ref. No. 666000003362474

CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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PATIENT NAME : AMBILI VIJAYAKUMAR PATIENT ID : **AMBIF1102754071**

ACCESSION NO : **4071WB002674** AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 11:06 REPORTED : 13/02/2023 15:44

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results		Units
ABSOLUTE LYMPHOCYTE COUNT	1.46	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	**0.13**	**Low** 0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.26	0.02 - 0.50	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.7		
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	15	0 - 20	mm at 1 hr
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
CYTOLOGY - CS (PAP SMEAR)	RESULT PENDING		
THYROID PANEL, SERUM			
T3	104.40	Non-Pregnant : 80-200 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
T4	9.24	Adults : 4.5-12.1	µg/dl
TSH 3RD GENERATION	1.860	Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

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Test Report Status **Preliminary**	Results	Units

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

SUGAR URINE - FASTING

SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
APPEARANCE	CLEAR

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CHEMICAL EXAMINATION, URINE			
PH	6.5	4.7 - 7.5	
SPECIFIC GRAVITY	1.010	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

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Test Report Status **Preliminary**	Results	Units

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

GLUCOSE FASTING,FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA	90	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL

PHYSICAL EXAMINATION,STOOL RESULT PENDING

CHEMICAL EXAMINATION,STOOL RESULT PENDING

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Test Report Status **Preliminary**	Results	Units
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING	

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Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointentestinal tract like infection, malabsorption, etc.The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days.Stool specimens for parasitic examination should be collected before initiation of antidiarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects& reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

1. **Stool Culture**:- This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
2. **Fecal Calprotectin**: It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
3. **Fecal Occult Blood Test(FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
4. **Clostridium Difficile Toxin Assay**: This test is strongly recommended in healthcare associated bloody or waterydiarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
5. **Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentry, Rice watery Stool, FDA approved, Biofire Film Array Test,(Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria,fungi,virus ,parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.

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Test Report Status **Preliminary**	Results	Units

6. **Rota Virus Immunoassay**: This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomitting& abdominal cramps. Adults are also affected. It is highly contagious in nature.

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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

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****End Of Report****
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