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Gender M/F Date of E	
	Birth
Idoptification	
Identification marks	
g treated for any of the following and its	
	High Blood Pressure
	High Cholesterol
	Migraine Headaches
Heart Disease	Sinusitis or Allergic Rhiniti
Any other serious problem for	(Hav Fever)
aularly	on
	01
edications or chemicals	0
Occasional	
Quit(more than 3 years)	
at of here all a literation	
It of breath while walking fast or taking stair - cas	e? Yes No
st thing in morning?	Yes No
1 out blood?	Yes No
	Yes No
/sical Activity :	
Desk, Standing)	
l surface, house cleaning)	
ng, dancing, weeding)	
ning)	
(toos than 5 days/ week) / Irregular (more than	3 days/ Week)
engaging in physical activity?	Yes No
troubles?	Yes No
/our ears?	Yes No
om your ears?	
with industrial deafness?	
	Yes No
Have you ever injured or experienced pain?	Yes No
If Yes ; approximate date (MM/YYYY)	Yes No
Consulted a medical professional ?	Yes No
Resulted in time of work?	Yes No
	Yes No
Ongoing Problems ?	Yes No
	Depression/ bipolar disorder     Diabetes     Heart Disease     Any other serious problem for     which you are receiving medical attention     edications or chemicals     Occasional     Quit(more than 3 years)     out blood?     ysical Activity:     Desk, Standing)     d out blood?     ysical Activity:     Desk, Standing)     disurface, house cleaning)     ng, dancing, weeding)     ing)     (less than 3 days/ week) / Irregular (more than     engaging in physical activity?     troubles?     /our ears?     with industrial deafness?     Have you ever injured or experienced pain?     If Yes ; approximate date (MM/YYYY)     Consulted a medical professional ?     Resulted in time of work?     Surgery Required ?

1	10. Function History	Pro I
	<ul> <li>a. Do you have pain or discomfort when liftin</li> <li>b. Do you have knee pain when squatting or</li> <li>c. Do you have to be a squatting or</li> </ul>	g or handling heavy objects? Yes No
1	c. Do you have back pain when forwarding o	r fwieting? Yes No
an a	d. Do you have pain or difficulty when lifting o	Yes No
1	e. Do you have pain when doing any of t appropriate response)	the following for prolonged periods (Please circle
1	•Walking : Yes No	
1997 1997 1997		Yes No
	f. Do you have pain when working with hand t	
	9. Do you experience any difficulty operating n	Yes Not
1	h. Do you have difficulty operating computer in	strument? Yes No
	B. CLINICAL EXAMINATION :	Yes No
all the second	a Hoight I ma	Pube-71
4	a. Height 158 b. Weight 675	Blood Pressure
	Chest measurements: a. Normal	b. Expanded mmhg
• 	Waist Circumference	Ear, Nose & Throat
	Skin	Permint
	Vision Normal	Nervous Sunt
	Circulatory System Normal	Genito urinem O
	Gastro-intestinal System Normal	Genito- urinary System
Wei.	Discuss Particulars of Section B :-	Normal
C.	REMARKS OF PATHOLOGICAL TESTS :	
	Norma	ECG
	Complete Blood Count 13-2-0	Urine routine
	Serum cholesterol 146	Normal
	Blood Group	S.Creatinine
D.	CONCLUSION :	S.Creatinine 0.73
	Any further investigations required	Any precautions suggested
	NO	NO
E.	FITNESS CERTIFICATION	and the second sec
	Certified that the above named recruit does not ac	opear to be suffering from any disease communicable
	or otherwise, constitutional weakness or t	
н 11. 12.		chcept
		this as disqualification for employment in the Company. S
	Candidate is free from Contagious/Com	municable diagona
j.		$h \sim 10^{-10}$
Date	9,11-23	
	52 1.1	Signature of Medical Adviser
	173. Section	3.No: 61785; Consultant Cardi Jours

Name	: Mrs. SEETHALAKSHMI B	Register On	:	09/11/2023 9:43 AM
PID No.	: MED122270896	Collection On	:	09/11/2023 10:23 AM
SID No.	: 623026868	Report On	:	10/11/2023 3:38 PM
Age / Sex	: 42 Year(s) / Female	Printed On	:	10/11/2023 5:06 PM
Ref. Dr	: MediWheel	Туре	:	OP

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'O' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.20	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	40.89	%	37 - 47
RBC Count (Blood/Impedance Variation)	04.37	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	93.50	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	30.19	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.29	g/dL	32 - 36
RDW-CV(Derived from Impedance)	9.5	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	31.09	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7740	cells/cu.mm	4000 - 11000
<b>Neutrophils</b> (Blood/Impedance Variation & Flow Cytometry)	53.50	%	40 - 75
<b>Lymphocytes</b> (Blood/Impedance Variation & Flow Cytometry)	40.70	%	20 - 45
<b>Eosinophils</b> (Blood/Impedance Variation & Flow Cytometry)	01.20	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04.30	%	01 - 10
<b>Basophils</b> (Blood/Impedance Variation & Flow Cytometry)	v 00.30	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated microscopically.	Five Part cell counter. A	ll abnormal resu	Its are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	4.14	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.15	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.09	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/	0.33	10^3 / µl	< 1.0

Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)





R.L 1+ Dr.R.Lavanya MD Consultant - Pathologist Reg No: 90632

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Ref. Dr	: MediWheel	Туре	:	OP

Investigation	Observed Value	<u>Unit</u>	<b>Biological Reference Interval</b>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10^3 / μl	< 0.2
Platelet Count (Blood/Impedance Variation)	292	10^3 / μl	150 - 450
MPV (Blood/Derived from Impedance)	07.17	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	18	mm/hr	< 20
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	12.0		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD- PAP)	81.2	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
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	102.5	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)	8.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.73	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	3.4	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum)	0.39	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	17.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	11.6	U/L	< 38





R.Lavanya MD Consultant - Pathologist Reg No: 90632

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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	107.9	U/L	42 - 98
Total Protein (Serum/Biuret)	6.80	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.50	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.06		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	146.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	117.5	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)	49.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	73.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	97.4	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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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	1.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	6.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
INTERPRETATION: If Diabetes - Good control	: 6.1 - 7.0 % , Fair contr	rol : 7.1 - 8.0 % ,	Poor control >= 8.1 %
Estimated Average Glucose (Whole Blood)	151.33	mg/dL	
INTERPRETATION: Comments HbA1c provides an index of Average Blood Glu glycemic control as compared to blood and urin Conditions that prolong RBC life span like Iron hypertriglyceridemia,hyperbilirubinemia,Drugs, Conditions that shorten RBC survival like acute Splenomegaly,Vitamin E ingestion, Pregnancy	nary glucose determinati deficiency anemia, Vitar Alcohol, Lead Poisoning or chronic blood loss, h	ons. min B12 & Folate g, Asplenia can nemolytic anemia	e deficiency, give falsely elevated HbA1C values. a, Hemoglobinopathies,
<b>IMMUNOASSAY</b>			
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	0.98	ng/mL	0.7 - 2.04
INTERPRETATION: Comment : Total T3 variation can be seen in other conditio it is Metabolically active.	n like pregnancy, drugs,	nephrosis etc. I	n such cases, Free T3 is recommended as
<b>T4 (Tyroxine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	10.98	µg/dl	4.2 - 12.0
INTERPRETATION: Comment :			

**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.





Dr.R.Lavanya MD Consultant - Pathologist Reg No: 90632

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Ref. Dr	: MediWheel	Туре	: C	)P

Investigation	<b>Observed Value</b>	<u>Unit</u>	<b>Biological Reference Interval</b>
<b>TSH (Thyroid Stimulating Hormone)</b> (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.81	µIU/mL	0.35 - 5.50

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 lodine 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.

# **CLINICAL PATHOLOGY**

Urine Analysis - Routine				
Colour (Urine)	Pale Yellow		Yellow to Amber	
Appearance (Urine)	Clear		Clear	
Protein (Urine)	Negative		Negative	
Glucose (Urine)	Negative		Negative	
Pus Cells (Urine)	2-3	/hpf	NIL	
Epithelial Cells (Urine)	3-4	/hpf	NIL	
RBCs (Urine)	Nil	/hpf	NIL	

-- End of Report --





Dr.R.Lavanya MD Consultant - Pathologist Reg No: 90632

Name	MRS.SEETHALAKSHMI B	ID	MED122270896
Age & Gender	42Y/FEMALE	Visit Date	09 Nov 2023
Ref Doctor Name	MediWheel		

Thanks for your reference

## SONOGRAM REPORT

### WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

- Liver: The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.
- Gallbladder The gall bladder is partially distended with no demonstrable calculus. Wall thickness appears normal.(Post prandial Status).
- Pancreas The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

- Spleen The spleen is normal.
- Kidneys The right kidney measures 9.0 x 4.5 cm. Normal architecture.

The collecting system is not dilated. The left kidney measures 10.3 x 5.0 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder. The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

Uterus: The uterus appears bulky, and measures 11.2 x 7.2 cm. The endometrium measures 6.3mm in thickness. A hypoechoic lesion measuring.2 x 6.2cm noted in theanterior

Name	MRS.SEETHALAKSHMI B	ID	MED122270896
Age & Gender	42Y/FEMALE	Visit Date	09 Nov 2023
Ref Doctor Name	MediWheel	-	

myometrium.

- Ovaries The right ovary measure 2.6 x 2.8 cm. The left ovary not well imaged . Parametria are free.
- RIF. No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized. There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

### **IMPRESSION**

Bulky uterus withfibroid - for follow up.

DR.T.ANNIE STALIN MBBS.,F.USG., SONOLOGIST.

Name	MRS.SEETHALAKSHMI B	ID	MED122270896
Age & Gender	42Y/FEMALE	Visit Date	09 Nov 2023
Ref Doctor Name	MediWheel	-	

Name	MRS.SEETHALAKSHMI B	ID	MED122270896
Age & Gender	42Y/FEMALE	Visit Date	09 Nov 2023
Ref Doctor Name	MediWheel	-	

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Name	Mrs. SEETHALAKSHMI B	Customer ID	MED122270896
Age & Gender	42Y/F	Visit Date	Nov 9 2023 9:42AM
Ref Doctor	MediWheel		

Thanks for your reference

### **DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

#### **IMPRESSION:**

• NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

DR. DANIEL STANLEY PETER, M.D.R.D., Consultant Radiologist Reg. No: 82342