

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 28-Jan-2023 10:58 AM

Customer Name : MRS.SHANTHI M U

DOB : 13 Oct 1976

Ref Dr Name : MediWheel

Age : 46Y/FEMALE

Customer Id : MYS280474



Visit ID : 712303043

MYS280474

Email Id :

Phone No : 9480731978

Corp Name : MediWheel

Address :

Package Name : Mediwheel Full Body Health Checkup Female Above 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)	/			
2	LAB	GLUCOSE - FASTING	/			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)	/			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)	/			
5	LAB	LIPID PROFILE	/			
6	LAB	LIVER FUNCTION TEST (LFT)	/			
7	LAB	URIC ACID	/			
8	LAB	URINE GLUCOSE - FASTING	/			
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)	/			
10	LAB	COMPLETE BLOOD COUNT WITH ESR	/			
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)	/			

12	LAB	STOOL ANALYSIS - ROUTINE	Not Given		
13	LAB	URINE ROUTINE	Not Given		
14	LAB	CREATININE	Not Given		
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	Not Given		
16	LAB	BUN/CREATININE RATIO	Not Given		
17	LAB	PAP SMEAR BY LBC (LIQUID BASED CYTOLOGY)	Not Given done	3 days report	
18	OTHERS	physical examination	MYS2760391102651		
19	US	ULTRASOUND ABDOMEN	MYS2760391103462		
20	MAMMOGRAPHY	MAMMOGRAPHY-BOTH BREASTS	MYS2760391116678	Sono pending	Monday
21	OTHERS	Treadmill / 2D Echo	MYS2760391127528		Monday
22	OTHERS	Gynaecologist consultation	MYS2760391128083		
23	OTHERS	Dental Consultation	MYS2760391134969		
24	OTHERS	EYE CHECKUP	MYS2760391135592		
25	X-RAY	X RAY CHEST	MYS2760391145199		
26	OTHERS	Consultation Physician	MYS2760391148004		
27	ECHO	ELECTROCARDIOGRAM ECG	MYS2760391149333	done	

H - 155

w - 60

Bp - 140/80 mmHg

pulse - 83 bpm

waist - 35

HIP - 37

Registered By

(A.JAYASHREE)

Customer Name	MRS.SHANTHI M U	Customer ID	MYS280474
Age & Gender	46Y/FEMALE	Visit Date	28/01/2023
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

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.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.8
Left Kidney	10.2	1.7

URINARY BLADDER show 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 4 mms.

Uterus measures as follows: LS: 7.4cms AP: 4.4 cms TS: 5.9cms.

OVARIES are normal size, shape and echotexture.

Right ovary measures: 2.4 x 1.9cm left ovary measures 2.4 x 2.1cm.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS



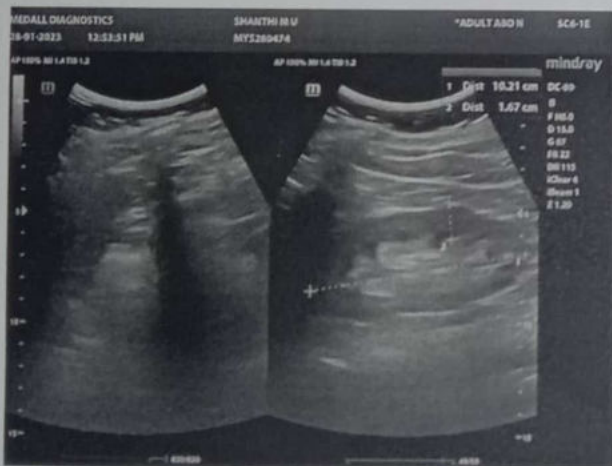
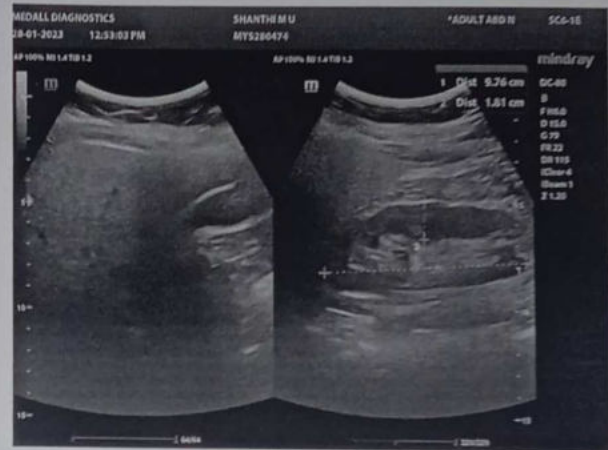
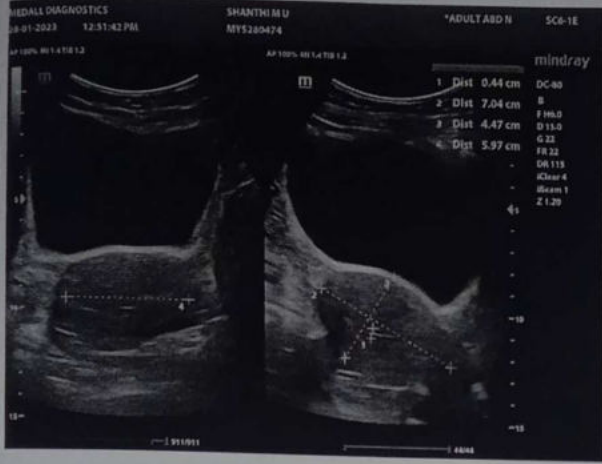
DR. MOHAN B



to the patient identified or named, exclusively and specifically for the procedure. customer can

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore

Customer Name & Gender	MRS.SHANTHI M U 46Y/FEMALE	Customer ID	MYS280474
Ref Doctor	MediWheel	Visit Date	28/01/2023

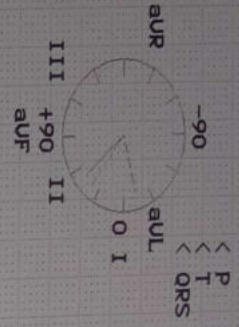


You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



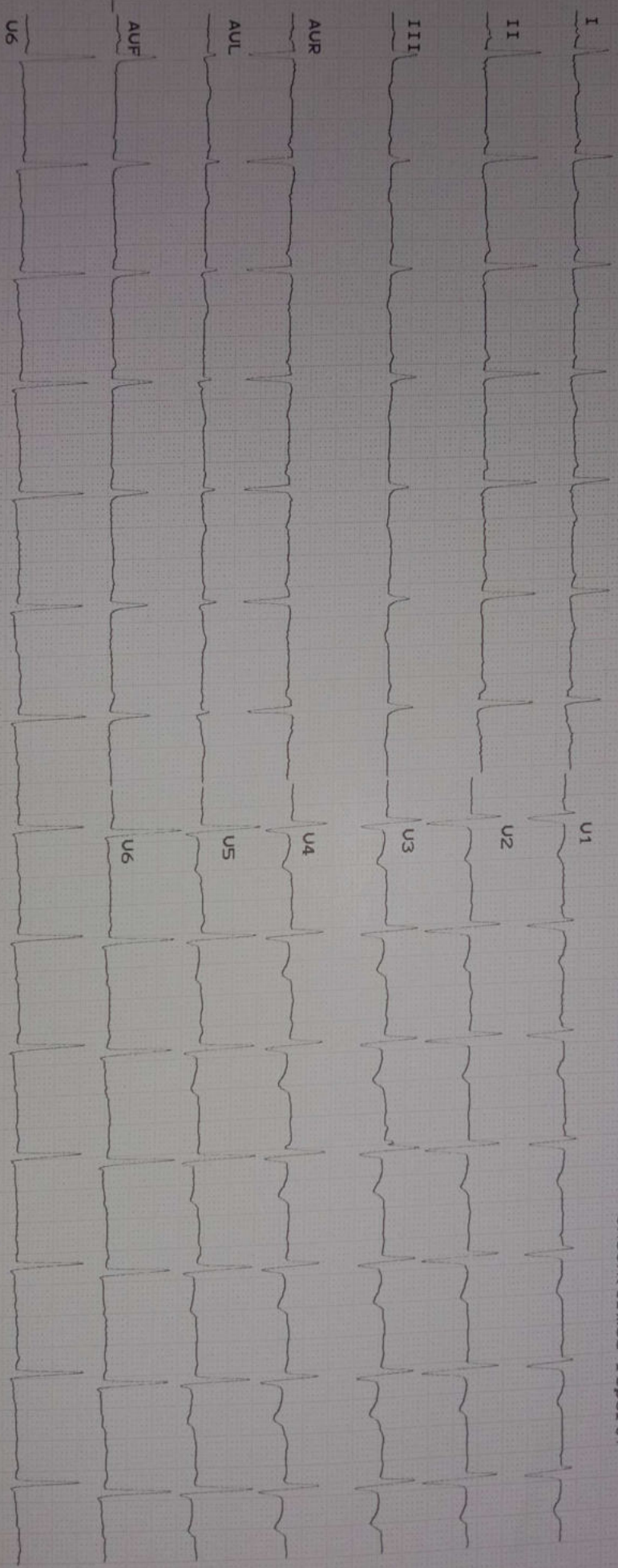
Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

AGE: 46
 Measurement Results:
 QRS : 96 ms
 QT/QTcB : 372 / 443 ms
 PR : 128 ms
 P : 102 ms
 RR/PP : 704 / 700 ms
 P/QRS/T : 40 / 50 / -15 degrees
 QTd/QTcBD : 30 / 36 ms
 Sokolow : 2.0 mV
 NK : 12



Interpretation:
 slightly depressed ST segment (lateral, anterior)
 negative T-wave (lateral, anterior)
 T-wave near baseline (inferior)
 borderline ECG

Unconfirmed report.





NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 28/01/2023

Patient's Name: Mrs. Shanthi MV

OP No. 1230294

Hb/P

11:30 PM

Dr. Varsha Udayk

K/C/O DM on Rx.

IOP $\left\{ \begin{array}{l} 12 \\ 14 \end{array} \right.$ mm Hg

A/s: Kc chas, ACVHS, pupil RRR,
line chas.

BCVA $\left\{ \begin{array}{l} 6/6, N_6 \\ 6/6, N_6 \end{array} \right.$

Indus: BE CDR 0.3, HNRR, Macula PR(+)

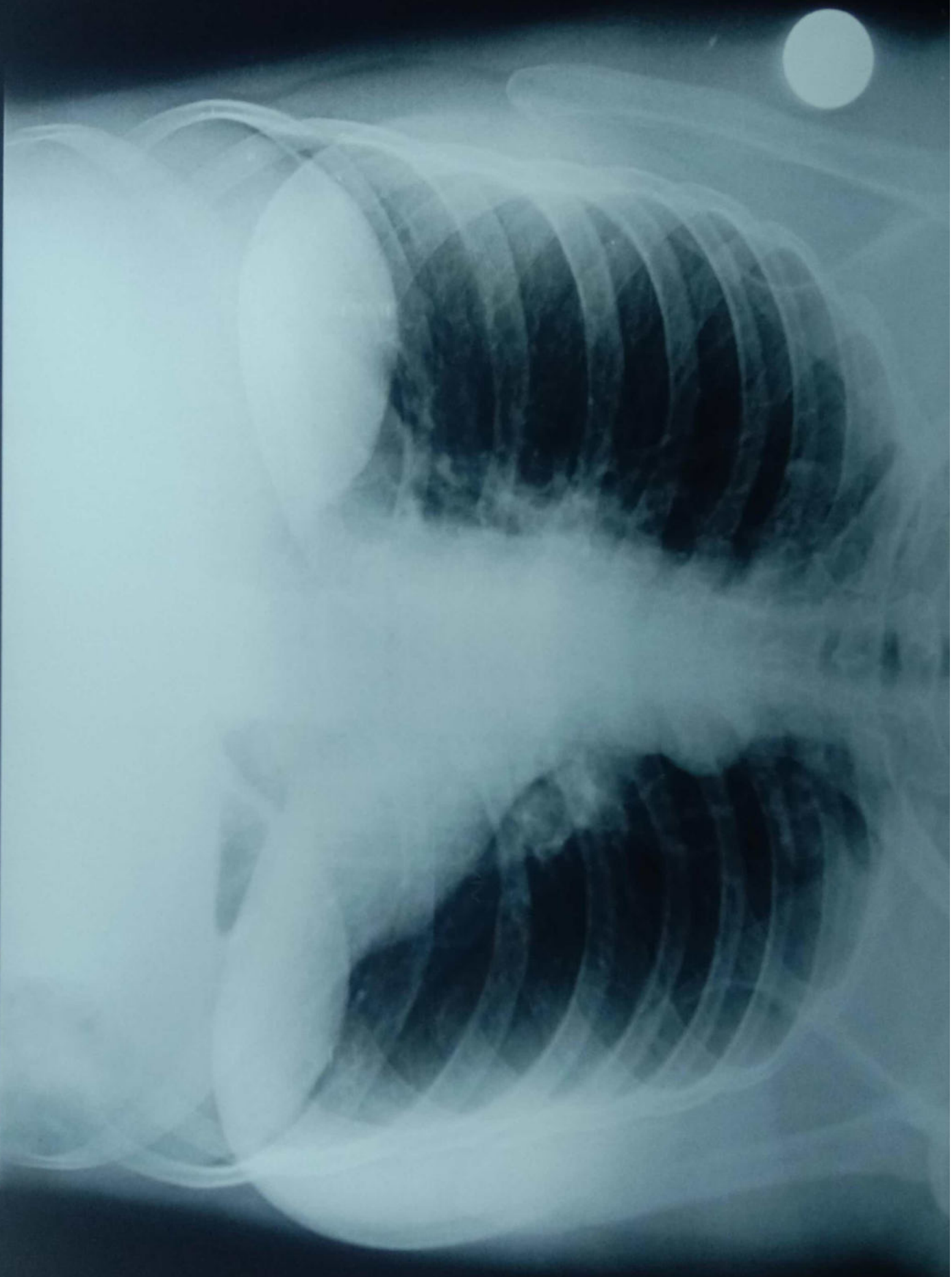
No E/O DR.

Colour vision - WNL

Adv: Glasses

R/A 1 year / sos.

[Signature]



SHANTHI M U 46 MYS280474 F CHEST PA 1/28/2023 01:00 PM
MEDALL CLUMAX DIAGNOSTIC

Name : Mrs. SHANTHI M U
PID No. : MYS280474
SID No. : 712303043
Age / Sex : 46 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 28/01/2023 10:58 AM
Collection On : 28/01/2023 11:07 AM
Report On : 28/01/2023 3:21 PM
Printed On : 28/01/2023 6:48 PM



<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)	13.7	g/dL	12.5 - 16.0
INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking , high altitudes , hypoxia etc.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	41.5	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.35	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	25.6	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.1	g/dL	32 - 36
RDW-CV (Derived)	13.2	%	11.5 - 16.0
RDW-SD (Derived)	36.04	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7030	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	45	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	47	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06



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Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.16	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.30	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	247	10 ³ / µl	150 - 450
MPV (Blood/Derived)	10.9	fL	8.0 - 13.3
PCT	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Automated ESR analyser)	15	mm/hr	< 20



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.10	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.9	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.7	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.47		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	22	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	77	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23	U/L	< 38



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	242	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	223	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)	46	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	151.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	44.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	196.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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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)	5.3		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)	4.8		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)	3.3		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)	10.7	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	260.39	mg/dL
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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 glycemic 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/Chemiluminescent Immunometric Assay (CLIA))	1.12	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/Chemiluminescent Immunometric Assay (CLIA))	9.53	Microg/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 Immunometric Assay (CLIA))	6.60	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.

Remark: Kindly correlate clinically.



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Slightly Turbid		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ~ Reagent strip method)	1.020		1.002 - 1.035
Protein (Urine/Dip Stick ~ Reagent strip method)	Negative		Negative
Glucose (Urine)	Present(+)		Nil
Ketone (Urine/Dip Stick ~ Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Present	leuco/uL	Negative
Nitrite (Urine/Dip Stick ~ Reagent strip method)	Negative		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil



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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	6-8	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-4	/hpf	No ranges
Others (Urine)	Bacteria present		Nil



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Investigation

Observed
Value

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'

Remark: Test to be confirmed by gel method



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	10		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	204	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 Postprandial (PPBS) (Plasma - PP/GOD - POD)	372	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.

Urine Sugar (PP-2 hours) (Urine - PP)	Positive(+)		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.0	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.1	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)	5.2	mg/dL	2.6 - 6.0
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APPROVED BY

-- End of Report --

Name	SHANTHI M U	ID	MYS280474
Age & Gender	46Y/F	Visit Date	Jan 28 2023 10:58AM
Ref Doctor	MediWheel		

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. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST