



ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

Mahesh
Mob:8618385220
9901569756

SRI PARVATHI OPTICS

Multi Branded Optical Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Name: *Gayathri*

No. **1149**

Mobil No: *8147672001*

Date: *02-09-2022*

Age / Gender *42y / F*

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	<i>plano</i>			<i>6/6</i>	<i>plano</i>			<i>6/6</i>
NEAR								

PD *62mm*

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS

NEW THIPPASANDRA

Gayathri
ID: MED111284272

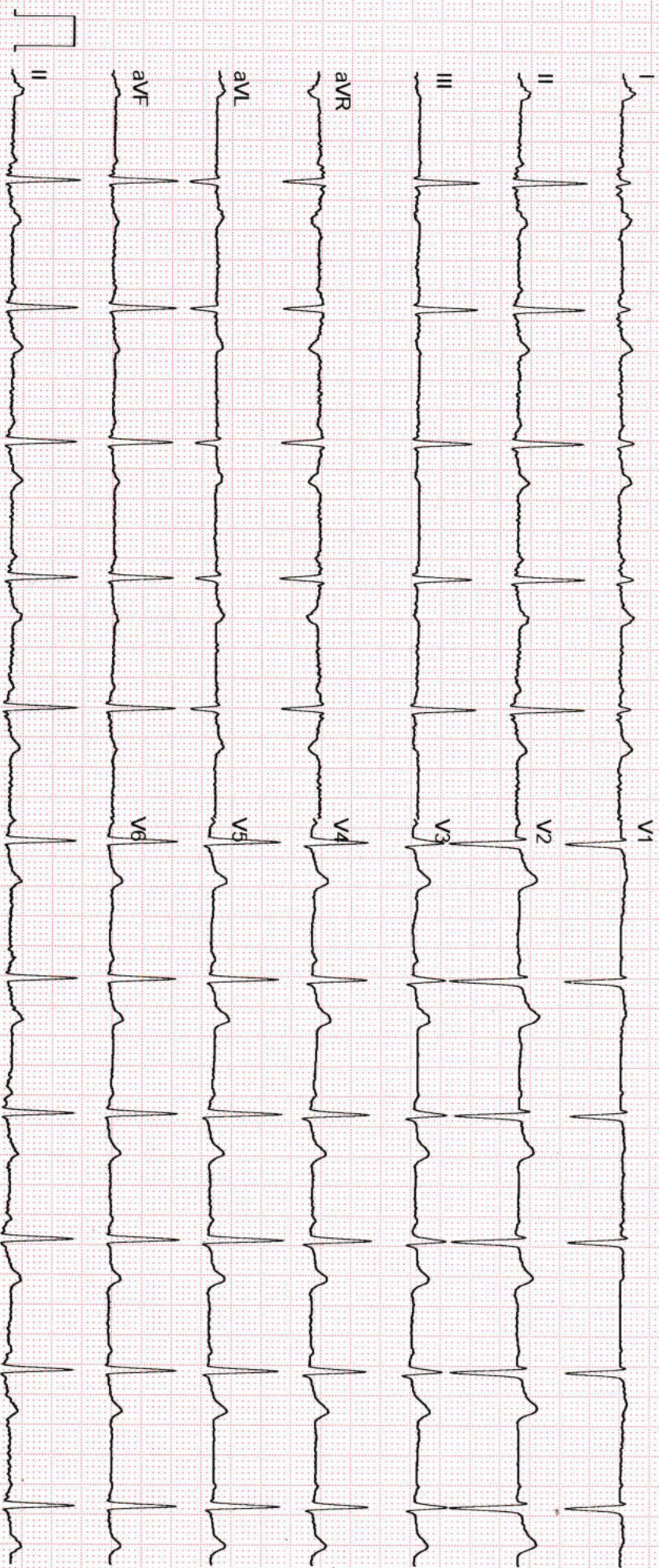
Vital Signs™ 226 166 05

Female

42 Years

02.09.2022 12:14:54
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

QRS : 74 ms
QT / QTcBaz : 386 / 410 ms
PR : 128 ms
P : 72 ms
RR / PP : 886 / 882 ms
P / QRS / T : 47 / 81 / 33 degrees



GE MAC2000

1 1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

2x5x6_25_R1

Unconfirmed

1/1

68 bpm
- / - mmHg

CE 0637

LOT D 712

Name	Gayathri	ID	MED111284272
Age & Gender	42Year(s)/FEMALE	Visit Date	9/2/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

MAMMOGRAPHY OF BOTH BREASTS

Both breasts show symmetrical mixed fibro glandular fatty tissue.

Macro calcification is noted in the left breast

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

ASSESSMENT: BI-RADS CATEGORY -1

**DR. APARNA
CONSULTANT RADIOLOGIST**
A/da

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation
1	Negative. Routine mammogram in 1 year recommended.
2	Benign finding. Routine mammogram in 1 year recommended.
3	Probably benign finding. Short interval follow-up suggested.
4	Suspicious. Biopsy should be considered.
5	Highly suggestive of malignancy. Appropriate action should be taken.

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows normal in shape, size 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. 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 shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

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

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.1	1.1
Left Kidney	9.4	1.5

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 6mm

Uterus measures as follows: LS: 10.5cms AP: 5.3cms TS: 5.5cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 3.8 x 1.8cms **Left ovary:** 2.7 x 1.7cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

**DR. APARNA
CONSULTANT RADIOLOGIST**

A/vp

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Age & Gender	42Year(s)/FEMALE	Visit Date	9/2/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Name	Gayathri	Customer ID	MED111284272
Age & Gender	42Y/F	Visit Date	Sep 2 2022 9:11AM
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: Essentially normal study.



DR. APARNA

CONSULTANT RADIOLOGIST

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Age / Sex : 42 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	37.5	%	37 - 47
RBC Count (EDTA Blood)	4.21	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	89.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	43.66	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	50.4	%	40 - 75
Lymphocytes (EDTA Blood)	36.4	%	20 - 45
Eosinophils (EDTA Blood)	3.0	%	01 - 06


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

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KMC 88902

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Monocytes (EDTA Blood)	9.0	%	01 - 10
Basophils (Blood)	1.2	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.33	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.40	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.20	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.59	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.08	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	394	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	6.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	6	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.34	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.22	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.98	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.50	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.34	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	69.57	U/L	42 - 98
Total Protein (Serum/Biuret)	6.78	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.62	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.16	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.14		1.1 - 2.2


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	224.48	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	151.00	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)	48.80	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	145.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	30.2	mg/dL	< 30


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Non HDL Cholesterol (Serum/Calculated)	175.7	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.6		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)	3.1		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		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)	5.8	%	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 119.76 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)	0.647	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)	6.90	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)	4.81	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.



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative



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Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

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.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL


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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	16		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	91.82	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)	97.53	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)	9.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.59	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)	4.29	mg/dL	2.6 - 6.0
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-- End of Report --