

Name : Ms. NANDINI M K  
PID No. : MED110903279  
SID No. : 712202464  
Age / Sex : 31 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 24/01/2022 9:37 AM  
Collection On : 24/01/2022 10:55 AM  
Report On : 24/01/2022 3:26 PM  
Printed On : 25/01/2022 9:18 AM



Investigation Observed Value Unit Biological Reference Interval

## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin 14.0 g/dL 12.5 - 16.0  
(EDTA Blood/Spectrophotometry)

**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 42.2 % 37 - 47  
(EDTA Blood/Derived)

RBC Count 5.01 mill/cu.mm 4.2 - 5.4  
(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume) 84.0 fL 78 - 100  
(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin) 28.0 pg 27 - 32  
(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration) 33.2 g/dL 32 - 36  
(EDTA Blood/Derived)

RDW-CV 13.5 % 11.5 - 16.0  
(Derived)

RDW-SD 39.69 fL 39 - 46  
(Derived)


Total WBC Count (TC) 7200 cells/cu.mm 4000 - 11000  
(EDTA Blood/Derived from Impedance)

Neutrophils 48 % 40 - 75  
(Blood/Impedance Variation & Flow Cytometry)

Lymphocytes 47 % 20 - 45  
(Blood/Impedance Variation & Flow Cytometry)

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

  
Dr. Shouree K.R.  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY

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<b>Remark:</b> Kindly correlate clinically.			
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.46	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.38	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.14	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	286	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	<b>7.6</b>	fL	8.0 - 13.3
PCT	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Automated ESR analyser)	08	mm/hr	< 20

  
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**Lipid Profile**

Cholesterol Total (Serum/Oxidase / Peroxidase method)	193	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	55	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)	69	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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**Remark:** kindly correlate clinically.

LDL Cholesterol (Serum/Calculated)	113	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	11	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	124.0	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)	2.8	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)	0.8	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)	1.6	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose (Whole Blood)	105.41	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))	0.80	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))	8.83	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))	2.165	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**

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		
Volume (Urine/Physical examination)	30		ml

### **CHEMICAL EXAMINATION**

pH (Urine)	7.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <i>£</i> Reagent strip method)	1.010		1.002 - 1.035
Ketone (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Bile Salts (Urine/Manual)	Absent		Absent
Bile Pigments (Urine/Dip Stick <i>£</i> Reagent strip method)	Absent		Absent
Urobilinogen (Urine/Dip Stick <i>£</i> Reagent strip method)	Normal		Within normal limits
Blood (Urine)	Nil		Nil
Nitrite (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil

  
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Protein (Urine/Dip Stick £Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	00 - 02
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

  
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<b><u>Stool Analysis - ROUTINE</u></b>			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	1-2	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil

  
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Investigation

Observed  
Value

Unit


Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Positive'

**Remark:** Test to be confirmed by gel method.

  
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## **BIOCHEMISTRY**

BUN / Creatinine Ratio	9.5		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	90	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	100	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)	Nil		Negative
--	-----	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.5	mg/dL	7.0 - 21
--	------	-------	----------

Creatinine (Serum/Jaffe Kinetic)	1.1	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.8	mg/dL	2.6 - 6.0
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-- End of Report --

Name	NANDINI M K	ID	MED110903279
Age & Gender	31Y/F	Visit Date	Jan 24 2022 9:36AM
Ref Doctor	MediWheel		

**X – RAY CHEST PA VIEW**

**LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

**CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

**IMPRESSION:**

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/MG



**Dr. Anitha Adarsh**  
Consultant Radiologist

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---  
Date 24-Jan-2022 9:36 AM

Customer Name : **MS.NANDINI M K**  
Ref Dr Name : **MediWheel**  
Customer Id : **MED110903279**  
Email Id :  
Corp Name : **MediWheel**  
Address : **BALLAL CIRCLE**

DOB : **25 Sep 1990**  
Age : **31Y/FEMALE**  
Visit ID : **712202464**  
Phone No : **8951861806**

Package Name : **Mediwheel Full Body Health Checkup Female Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	URINE GLUCOSE - FASTING	/			
2	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)	✓			
3	LAB	COMPLETE BLOOD COUNT WITH ESR	/			
4	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)	/			
5	LAB	STOOL ANALYSIS - ROUTINE	/			
6	LAB	URINE ROUTINE	✓			
7	LAB	CREATININE	✓			
8	LAB	BLOOD UREA NITROGEN (BUN)	/			
9	LAB	GLUCOSE - FASTING	/			
10	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)	/			
11	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)	/			
12	LAB	LIPID PROFILE	✓			
13	LAB	LIVER FUNCTION TEST (LFT)	/			
14	LAB	URIC ACID	✓			
15	LAB	BUN/CREATININE RATIO	/			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	/			
17	OTHERS	physical examination	MYS2625391102651			
18	US	ULTRASOUND ABDOMEN	MYS2625391103462			Ground Floor



*Humday*

	treadmill / - 2D Echo	MYS2625391127528			
	EYE CHECKUP	MYS2625391135592		<i>4/30</i>	
	X RAY CHEST ✓	MYS2625391145199			<i>Netradham</i>
	Consultation Physician	MYS2625391148004			
	ELECTROCARDIOGRAM ECG	MYS2625391149333			<i>Flow</i>

*date*

Registered By  
(T.DIVYA)

H - 150 cm  
 W - 54 kg.  
 BP - 110 / 60  
 pulse - 81  
 Hb - 3g  
 WBC - 31

Customer Name	MS.NANDINI M K	Customer ID	MED110903279
Age & Gender	31Y/FEMALE	Visit Date	24/01/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is 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** 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	8.8	1.4
Left Kidney	9.1	1.5

**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 6.1mms.  
Uterus measures as follows: LS: 5.9cms AP: 3.9cms TS: 4.3cms.

**OVARIES** are normal size, shape and echotexture.  
Right ovary measures: 2.9x2.0cms Left ovary measures: 2.8x2.4cms  
POD & adnexa are free.

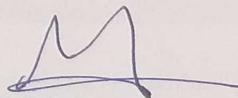
No evidence of ascites.

#### IMPRESSION:

➤ **ESSENTIALLY NORMAL STUDY.**

#### CONSULTANT RADIOLOGISTS

**DR. ANITHA ADARSH**  
MB/SV



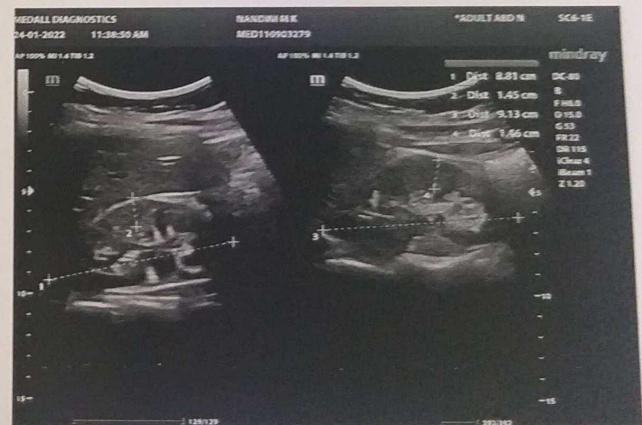
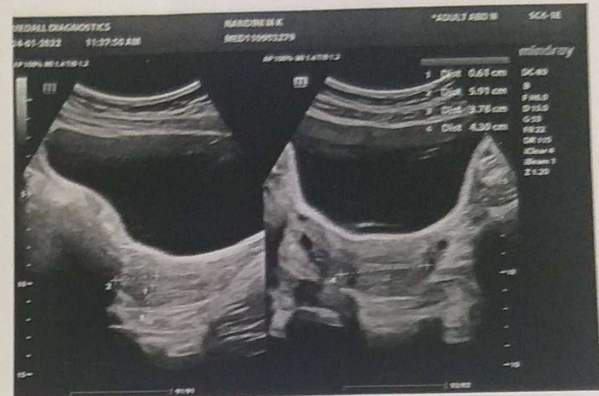
**DR. MOHAN B**



Medall Diagnostics  
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MS.NANDINI M K	Customer ID	MED110903179
Age & Gender	31Y/FEMALE	Visit Date	24/01/2022
Ref Doctor	MediWheel		



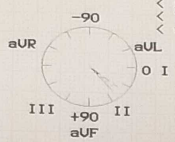
GE MAC1200 ST Female MISS NANDINI M K, 110903279, CLUMAX DIAGNOSTICS, HYSORE

HR 74bpm

AGE: 31

Measurement Results:

QRS	:	92 ms
QT/QTcB	:	406 / 453 ms
PR	:	148 ms
P	:	112 ms
RR/PP	:	804 / 800 ms
P/QRS/T	:	45 / 50 / 40 degrees
QTd/QTcBD	:	64 / 71 ms
Sokolow	:	1.8 mU
NK	:	10



Interpretation:

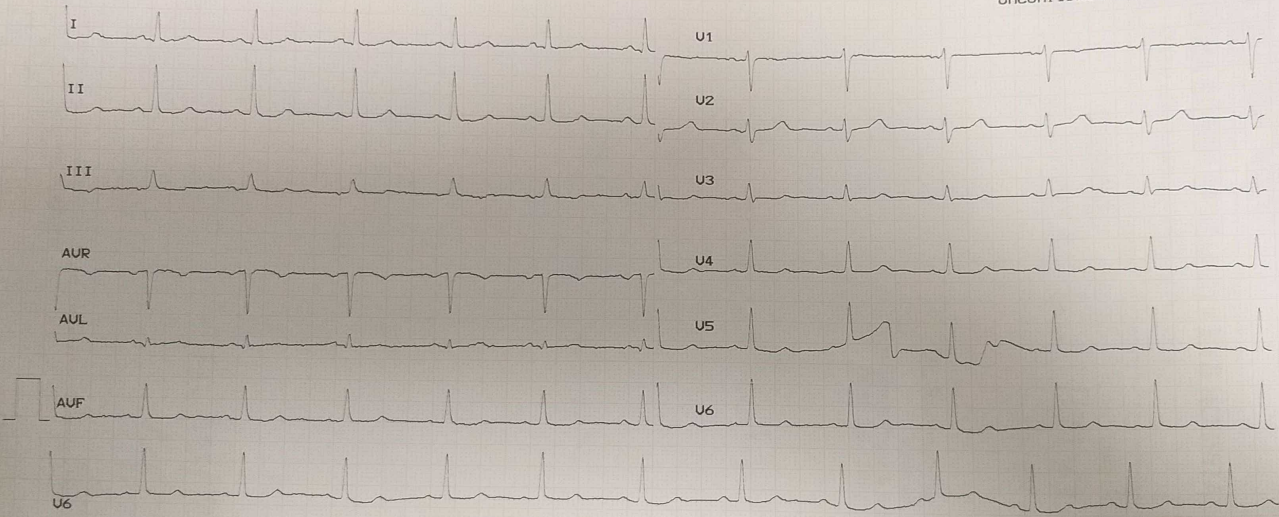
R/S inversion area between U1 and U2

probably normal ECG

*normal sinus rhythm*

*ms*

Unconfirmed report.





MEDALL

7/12-25



# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date: 24/11/22

Patient's Name: Miss Nandini M'k  
31/F

OP No: 1179 695  
11:49 AM

Dr. Roopashree. C.F  
MBBS, MS, FR  
Consultant-Phaco & Refra  
KMC No : 105152

38/38  
Color Vision 38/38

For Medical Certificate

SOP 15  
16

O/E, A/S: BE WNL

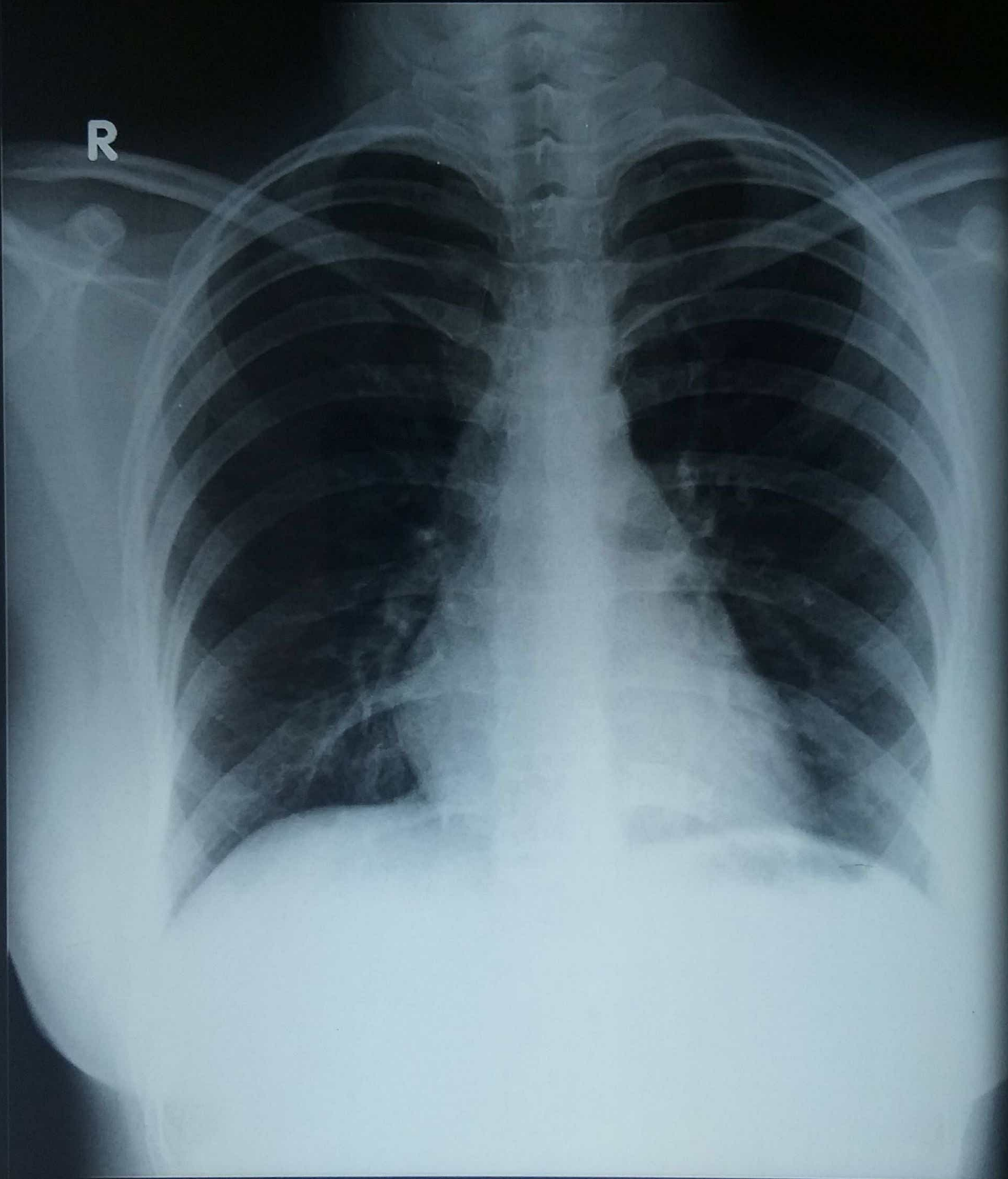
G/6, NG

BCVA G/6, NG

Fundus: CDR: 0.35, FR (+)  
(BE)

Adv.  
- R/W SOS / Dilated  
Refraction  
R

R



NANDINI M K 31 MED110903279 F CHEST PA 1/24/2022  
MEDALL CLUMAX DIAGNOSTIC