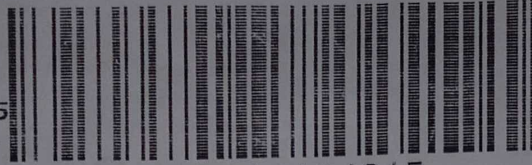


MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 26-Dec-2022 7:53 AM

Customer Name : **MRS.THANGIRALA VENKATA RANGA LAKSHMI** DOB : **16 Jun 1989**Ref Dr Name : **MediWheel** Age : **33Y/FEMALE**Customer Id : **MED111424215**

Visit ID : 712239162

MED111424215

Email Id :

Phone : **9542267859**

No

Co. Name : MediWheel

Address : RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE

6:30pm

Package Name : **Mediwheel Full Body Health Checkup Female Below 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 | L.B | 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 | | | | |
| 13 | LAB | URINE ROUTINE | | | | |

Patient Details Print Page

| | | | | | |
|----|--------|--|------------------|--|--|
| | | CREATININE | | | |
| | | BLOOD GROUP & RH TYPE (Forward Reverse) ✓ | | | |
| 6 | LAB | BUN/CREATININE RATIO | | | |
| 17 | OTHERS | physical examination | MYS2750950102651 | | |
| 18 | US | ULTRASOUND ABDOMEN ✓ | MYS2750950103462 | | |
| 19 | OTHERS | Treadmill / 2D Echo <i>done</i> | MYS2750950127528 | | |
| 20 | OTHERS | EYE CHECKUP ✓ | MYS2750950135592 | | |
| | X-RAY | X RAY CHEST ✓ | MYS2750950145199 | | |
| 22 | OTHERS | Consultation Physician | MYS2750950148004 | | |
| 23 | ECHO | ELECTROCARDIOGRAM ECG ✓ | MYS2750950149333 | | |

W - 160
 W - 53
 BP - 110/80
 Pwt 79
 H/D - 35
 Wnt - 28

Registerd By
 (R.SUNILKUMAR)



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date : 26/12/20

Patient's Name : Mrs. Thangirala Venkata OP No. 1225378

Ranga Lakshmi

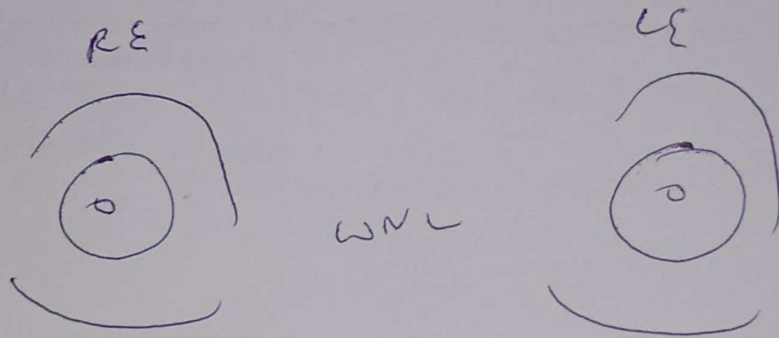
2:50 Pm

33 y / F

Dr. Priya. D
M.B.B.S.,
Consultant Glaucoma & Cataract
KMC No. 88421

medical check up

O/E BCVA (BE) 6/6, N 6



IOP 9
(NCT) 11 mmHg

Color vision
(Ishihara)

(BE) 38/38

Handwritten notes at the top of the page, possibly including a name and a date.

Handwritten notes in the middle section of the page.

Handwritten notes in the lower middle section of the page.

Handwritten notes in the bottom right corner of the page.

Central fuchs (OS) vido 0.5
fo

top (OS) Myopia

Adi: Dilated fuchs
exam

kip
CDs PRR P
26/12/2012
3-16pm
6821

| | | | |
|---------------|--------------------------------------|-------------|--------------|
| Customer Name | MRS.THANGIRALA VENKATA RANGA LAKSHMI | Customer ID | MED111424215 |
| Age & Gender | 33Y/FEMALE | Visit Date | 26/12/2022 |
| 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 | 9.7 | 1.6 |
| Left Kidney | 10.1 | 1.6 |

URINARY BLADDER partially distended.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 6.8mms.

Uterus measures as follows: LS: 7.0cms AP: 4.2cms TS: 5.4cms.

OVARIES are normal size, shape and echotexture.

Right ovary measures: 2.7x2.2cms Left ovary measures: 2.5x2.4cms

POD & adnexa are free.


No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/SV



DR. MOHAN B

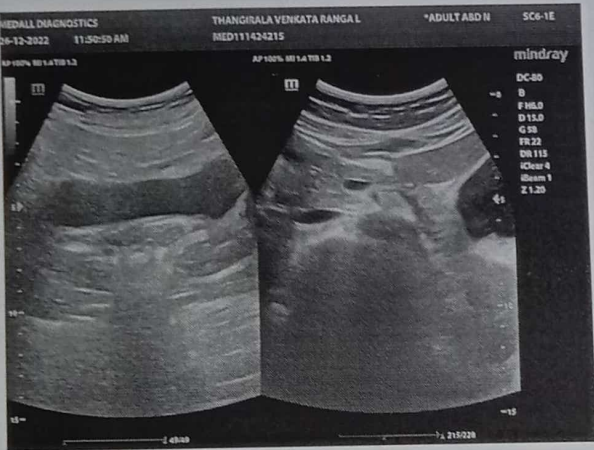


...ations indicate...
 ...clusive and should b...
 ...condition at the time of...
 ...representative and shall not...
 ...identified or named...
 ...the procedure of...

Medall Diagnostics
 Ballal Circle(Ashoka circle) - Mysore



| | | | |
|---------------|--------------------------------------|-------------|--------------|
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| Age & Gender | 33Y/FEMALE | Visit Date | 26/12/2022 |
| Ref Doctor | MediWheel | | |



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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.

| | | | |
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | |
|-------------------------------|---|--------|
| AORTA | : | 2.9cms |
| LEFT ATRIUM | : | 2.9cms |
| LEFT VENTRICLE (DIASTOLE) | : | 4.5cms |
| (SYSTOLE) | : | 2.6cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 0.9cms |
| (SYSTOLE) | : | 1.2cms |
| POSTERIOR WALL (DIASTOLE) | : | 0.8cms |
| (SYSTOLE) | : | 1.2cms |
| EDV | : | 75ml |
| ESV | : | 30ml |
| FRACTIONAL SHORTENING | : | 36% |
| EJECTION FRACTION | : | 60% |
| RVID | : | 1.5cms |

DOPPLER MEASUREMENTS:

| | | | | |
|-----------------|---|----------------|----------------|-------|
| MITRAL VALVE | : | 'E' - 0.88 m/s | 'A' - 0.29 m/s | NO MR |
| AORTIC VALVE | : | 1.05m/s | | NO AR |
| TRICUSPID VALVE | : | 'E' - 0.80m/s | 'A' - 0.35 m/s | NO TR |
| PULMONARY VALVE | : | 0.81m/s | | NO PR |



| | | | |
|---------------|--------------------------------------|-------------|--------------|
| Customer Name | MRS.THANGIRALA VENKATA RANGA LAKSHMI | Customer ID | MED111424215 |
| Age & Gender | 33Y/FEMALE | Visit Date | 26/12/2022 |
| Ref Doctor | MediWheel | | |

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

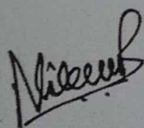
IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA

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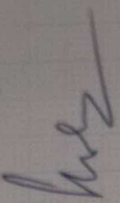
AGE: 33

Measurement Results:

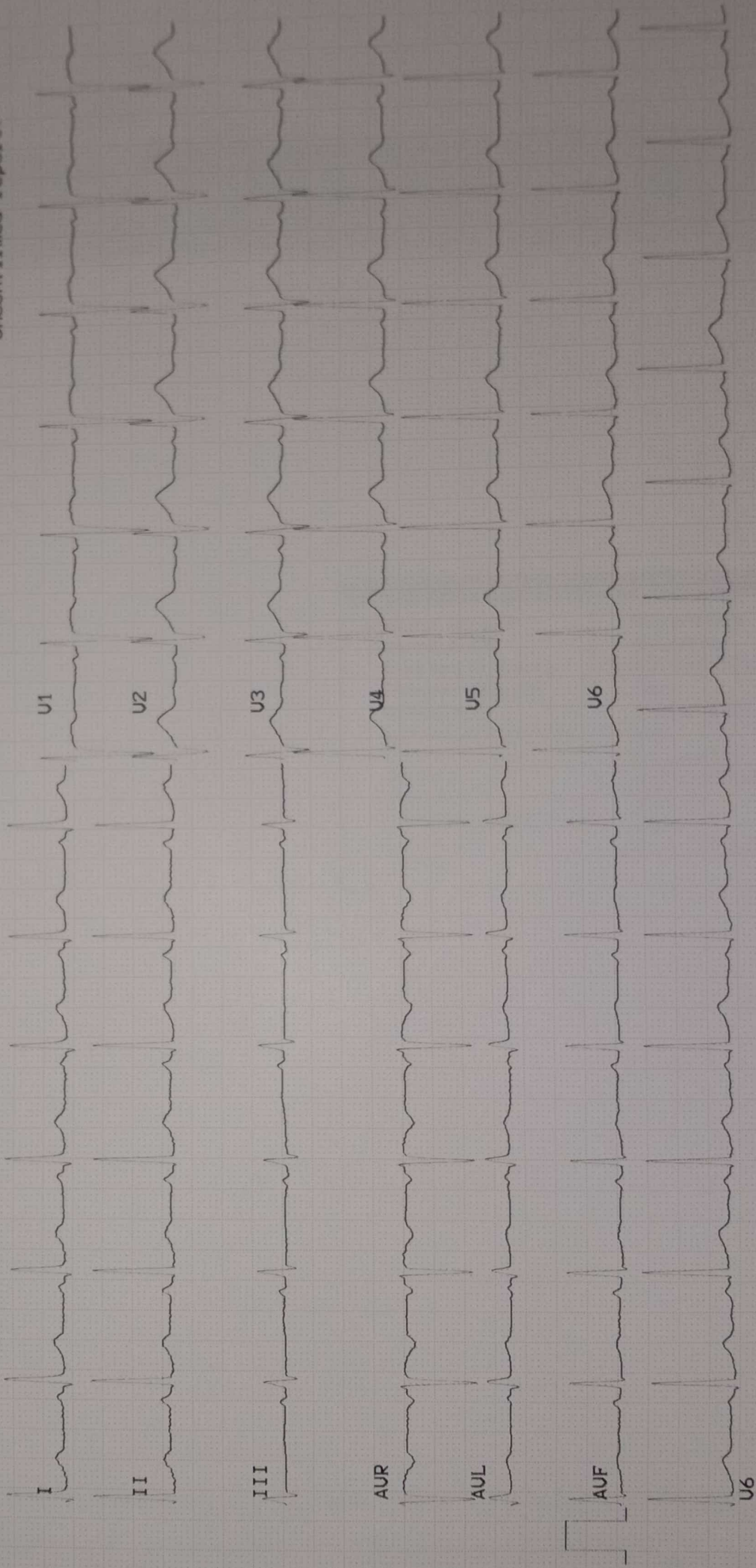
QRS : 92 ms
 QT/QTcB : 388 / 447 ms
 PR : 134 ms
 P : 104 ms
 RR/PP : 752 / 750 ms
 P/QRS/T : 60 / 45 / 25 degrees
 QT/QTcBD : 30 / 35 ms
 Sokolow : 2.8 mV
 NK : 11

Interpretation:

-Q wave (lateral)
 R/S inversion area between U1 and U2
 probably normal ECG

Normal sinus rhythm


Unconfirmed report.





THANGIRALA VENKATA RANGA LAKSHMI 33 MED111424215 F
MEDALL CLUMAX DIAGNOSTIC

Name : Mrs. THANGIRALA VENKATA
RANGA LAKSHMI
PID No. : MED111424215
Register On : 26/12/2022 7:53 AM
SID No. : 712239162
Collection On : 26/12/2022 9:20 AM
Age / Sex : 33 Year(s) / Female
Report On : 26/12/2022 7:40 PM
Type : OP
Printed On : 27/12/2022 7:47 PM
Ref. Dr : MediWheel



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

Complete Blood Count With - ESR

| | | | |
|--|-------------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 10.1 | 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) | 33.3 | % | 37 - 47 |
| RBC Count (EDTA Blood/Automated Blood cell Counter) | 4.72 | mill/cu.mm | 4.2 - 5.4 |
| MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance) | 71.0 | fL | 78 - 100 |
| MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived) | 21.3 | pg | 27 - 32 |
| MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived) | 30.3 | g/dL | 32 - 36 |
| RDW-CV (Derived) | 17.5 | % | 11.5 - 16.0 |
| RDW-SD (Derived) | 43.49 | fL | 39 - 46 |
| Total WBC Count (TC) (EDTA Blood/Derived from Impedance) | 7130 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood/Impedance Variation & Flow Cytometry) | 78 | % | 40 - 75 |
| Lymphocytes (Blood/Impedance Variation & Flow Cytometry) | 16 | % | 20 - 45 |
| Eosinophils (Blood/Impedance Variation & Flow Cytometry) | 01 | % | 01 - 06 |



APPROVED BY

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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) | 5.56 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.14 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.07 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.36 | 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) | 221 | 10 ³ / µl | 150 - 450 |
| MPV (Blood/Derived) | 12.7 | fL | 8.0 - 13.3 |
| PCT | 0.28 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser) | 30 | mm/hr | < 20 |



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BIOCHEMISTRY

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid) | 0.7 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.2 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.50 | mg/dL | 0.1 - 1.0 |
| Total Protein (Serum/Biuret) | 7.3 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.2 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.10 | gm/dL | 2.3 - 3.6 |
| A : G Ratio (Serum/Derived) | 1.35 | | 1.1 - 2.2 |

INTERPRETATION: Remark : Electrophoresis is the preferred method

| | | | |
|---|----|-----|---------|
| SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic) | 15 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic) | 14 | U/L | 5 - 41 |
| Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic) | 86 | U/L | 42 - 98 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 12 | U/L | < 38 |



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|--|-----------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/Oxidase / Peroxidase method) | 125 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 89 | 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) | 53 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
| LDL Cholesterol (Serum/Calculated) | 54.2 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 17.8 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 72.0 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |



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Investigation

**Observed
Value**

Unit

**Biological
Reference Interval**

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)

2.4

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)

1.7

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

1

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) | 5.4 | % | 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 108.28 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 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)) | 0.99 | ng/ml | 0.7 - 2.04 |
|---|------|-------|------------|

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)) | 10.03 | Microg/dl | 4.2 - 12.0 |
|--|-------|-----------|------------|

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)) | 2.312 | 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 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.


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

| | | | |
|--|-------------|--|-----------------|
| Colour (Urine/Physical examination) | PALE yellow | | Yellow to Amber |
| Volume (Urine/Physical examination) | 20 | | ml |
| Appearance (Urine) | CLEAR | | |

CHEMICAL EXAMINATION

| | | | |
|--|----------|----------|---------------|
| pH (Urine) | 5.0 | | 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) | Nil | | Nil |
| Ketone (Urine/Dip Stick - Reagent strip method) | Nil | | Nil |
| Leukocytes (Urine) | NEGATIVE | leuco/uL | Negative |
| Nitrite (Urine/Dip Stick - Reagent strip method) | Nil | | Nil |
| Bilirubin (Urine) | Negative | mg/dL | Negative |
| Blood (Urine) | Nil | | Nil |



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RANGA LAKSHMI

PID No. : MED111424215

Register On : 26/12/2022 7:53 AM

SID No. : 712239162

Collection On : 26/12/2022 9:20 AM

Age / Sex : 33 Year(s) / Female

Report On : 26/12/2022 7:40 PM

Type : OP

Printed On : 27/12/2022 7:47 PM

Ref. Dr : MediWheel



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|--------------------------------------|
| 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) | 3-4 | /hpf | < 5 |
| Epithelial Cells (Urine/Microscopy) | 1-2 | /hpf | No ranges |
| Others (Urine) | NIL | | Nil |



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Investigation

Observed
Value

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Remark: Kindly correlate clinically



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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

BIOCHEMISTRY

| | | | |
|--|------|-------|--|
| BUN / Creatinine Ratio | 12.0 | | |
| Glucose Fasting (FBS) (Plasma - F/GOD- POD) | 78 | 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 |
|-------------------------------------|-----|--|-----|

| | | | |
|--|----|-------|----------|
| Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD) | 89 | 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 Sugar (PP-2 hours) (Urine - PP) | Nil | | Negative |
|--|-----|--|----------|

| | | | |
|--|-----|-------|----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 9.6 | mg/dL | 7.0 - 21 |
|--|-----|-------|----------|

| | | | |
|-------------------------------------|-----|-------|-----------|
| Creatinine (Serum/Jaffe Kinetic) | 0.8 | 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/Uricase/Peroxidase) | 3.1 | mg/dL | 2.6 - 6.0 |
|---|-----|-------|-----------|



APPROVED BY

-- End of Report --

| | | | |
|--------------|-------------------------------------|------------|--------------------|
| Name | THANGIRALA VENKATA RANGA LAKSHMI | ID | MED111424215 |
| Age & Gender | 33Y/F | Visit Date | Dec 26 2022 7:53AM |
| 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