





# Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **B O R K E G O N D A**

Gender:  Male  Female Age: **35** years DOB:  /  /

Mobile:  Pincode:

Email:

Barcode

### Vitals

To be filled by Technician

Height: **171** cms

Waist: **36** in.

Hip: **39** in.

Weight: **78.7** kg

Fat: **28.4** %

Visc. Fat: **12.0** %

RM: **1714** cal

BMI: **26.9** kg/m<sup>2</sup>

Body Age: **48** years

Sys. BP: **124** mmHg

Dia. BP: **83** mmHg

*Pulse-76*

To be filled by Customer

### Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)  Yes  No

Neurological Problems (Nerve)  Yes  No

Are you currently taking medications for?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Liver Disease  Yes  No

Cancer  Yes  No

Tuberculosis (TB)  Yes  No

### Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Cancer  Yes  No

### Lifestyle

Do you exercise regularly?  Yes  No

Do you consume alcohol more than 2 times a week?  Yes  No

Do you smoke/chew tobacco?  Yes  No

Are you vegetarian?  Yes  No

### General

Do you see a doctor at least once in 6 months?  Yes  No

Do you undergo a health checkup every year?  Yes  No

How would you rate your overall Health?  Excellent  Good  Normal  Poor  Very Poor

### Women's Health

Is there a family history of Breast Cancer?  Yes  No

Is there a family history of Endometrial (Uterus) Cancer?  Yes  No

Is there a family history of Ovarian Cancer?  Yes  No

Do you have irregular periods?  Yes  No

Do you have heavy bleeding during periods?  Yes  No

Do you have scanty periods?  Yes  No

Have you attained Menopause?  Yes  No

Do you have children?  Yes  No

Was it a normal delivery?  Yes  No

Did you have diabetes/hypertension during delivery?  Yes  No



**PATIENT SUMMARY**

Page 1 of 1

**Patient : BOREGOWDA - 35/Years MALE**

**OP Number : KA-PEC2021/341983**

**Address : CLUMAX**

**Phone : +919880664483**

**09/12/2021**

**OPTOMETRIST FINDINGS ( -12:45:11 )**

UNAIDED VISION DIST      6/6 RE 6/6 LE  
COLOR VISION              RE Normal LE Normal

Sleeping with Contact Lens      NO

**DOCTOR ADVICE (DR.MEGHA AGARWAL - 12:46:01)**

PRESENTING COMPLAINTS      ref from clumax  
LIDS & ADNEXA              RE: N; LE: N  
PUPIL                          RE: RRR; LE: RRR  
CORNEA                        RERE: CLEAR; LE: CLEAR  
LENS                          RERE: N; LE: N  
CONJUNCTIVA                RERE: N; LE: NASAL PTERYGIUM  
IRIS                            RERE: N; LE: N  
ANTERIOR CHAMBER        RE:N; LE: N

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\*\*\*\*\* END \*\*\*\*\*

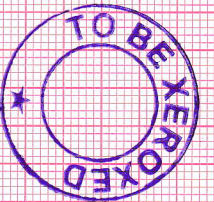
Thanking you for giving us an opportunity to provide you eye care services.



35 years  
Male

Vent. rate 69 bpm  
PR interval 152 ms  
QRS duration 88 ms  
QT/QTc 370/396 ms  
P-R-T axes 60 -7 -17

Technician: KOMS  
Test ind:



*McGini*  
*WE*

*David D, MD*

Referred by: MEDIWHEEL

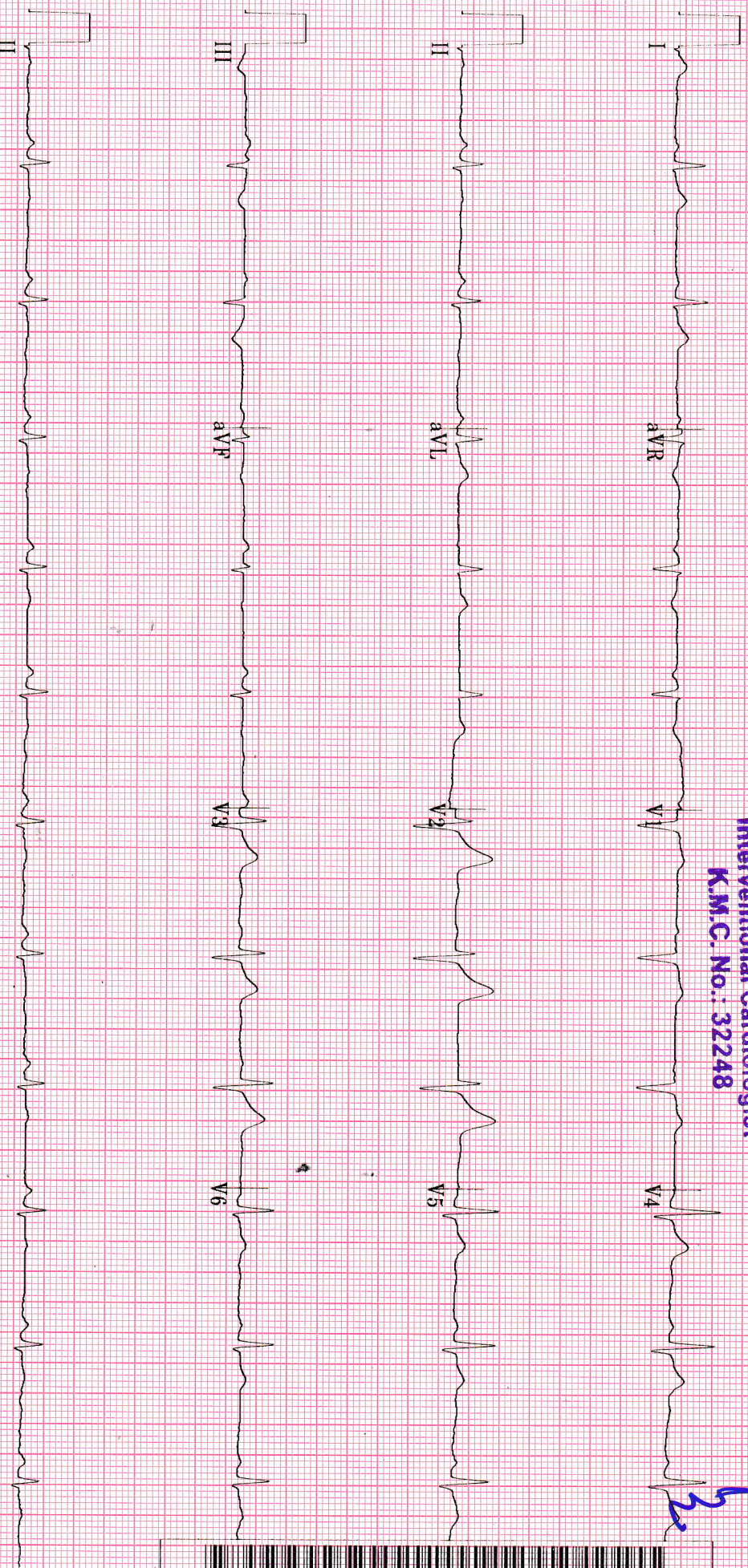
Reviewed by:

*in 140*  
*Kompanji Dave*

**(Needs Clinical Correlation  
for further management)**

**Dr. SRIDHAR L.**  
MD.(Med), DM(Cardio), FICC  
Interventional Cardiologist  
K.M.C. No.: 32248

*copy*



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 010Bsp1 12SL™ V241





Name	BOREGOWDA	ID	MED110782968
Age & Gender	35Y/M	Visit Date	Dec 9 2021 8:40AM
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. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



Name	MR.BOREGOWDA	ID	MED110782968
Age & Gender	35Y/MALE	Visit Date	09/12/2021
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has increased 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.

No demonstrable Para -aortic lymphadenopathy.

**RIGHT KIDNEY** moves well with respiration.  
Cortico- medullary differentiation is well madeout.  
Mild cortical irregularity is noted.  
Mild hydronephrosis is noted.  
No evidence of calculus.

**LEFT KIDNEY** moves well with respiration and has normal shape, size and echopattern.  
Cortico- medullary differentiation is well madeout.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.3	1.8
Left Kidney	10.0	1.6

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

**PROSTATE** shows normal shape, size (wt-17.3gms) and echopattern.

No evidence of ascites.



Name	MR.BOREGOWDA	ID	MED110782968
Age & Gender	35Y/MALE	Visit Date	09/12/2021
Ref Doctor	MediWheel		

**Impression:**

- *Right mild hydronephrosis.*
- *Increased hepatic echopattern suggestive of fatty infiltration.*

*Note: No previous reports available for comparison.*

**CONSULTANT RADIOLOGISTS:**

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

*Ms/so*





Name	MR.BOREGOWDA	ID	MED110782968
Age & Gender	35Y/MALE	Visit Date	09/12/2021
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## 2D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	3.18	cms
LEFT ATRIUM	:	2.98	cms
AVS	:	1.63	cms
LEFT VENTRICLE (DIASTOLE)	:	5.10	cms
(SYSTOLE)	:	2.65	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.18	cms
(SYSTOLE)	:	1.51	cms
POSTERIOR WALL (DIASTOLE)	:	1.22	cms
(SYSTOLE)	:	2.08	cms
EDV	:	123	ml
ESV	:	25	ml
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	1.80	cms

### DOPPLER MEASUREMENTS

MITRAL VALVE	:	'E' - 0.85 m/s	'A' - 0.67m/s	NO MR
AORTIC VALVE	:	1.38m/s		NO AR
TRICUSPID VALVE	:	'E' -0.68m/s	'A' -m/s	NO TR
PULMONARY VALVE	:	0.84m/s		NO PR





	<b>MR.BOREGOWDA</b>	<b>ID</b>	<b>MED110782968</b>
<b>Gender</b>	<b>35Y/MALE</b>	<b>Visit Date</b>	<b>09/12/2021</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

:2:

**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: 65 %**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**(KINDLY CORRELATE CLINICALLY AND WITH ECG)**

**DR.SRIDHAR.L MD,DM,FICC.**  
**CONSULTANT CARDIOLOGIST**

Ls/rk

**Dr. SRIDHAR .L**  
**MD,(Med), DM(Cardio), FICC**  
**Interventional Cardiologist**  
**K.M.C. No.: 32248**



Name : Mr. BOREGOWDA  
PID No. : MED110782968  
SID No. : 921070024  
Age / Sex : 35 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

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Collection On : 09/12/2021 11:06 AM  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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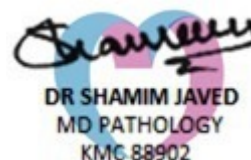
## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	16.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	48.2	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.38	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	90.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.69	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	4500	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>29.1</b>	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>58.2</b>	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.7	%	01 - 06



VERIFIED BY



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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.6	%	02 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.31	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.62	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.17	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.39	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	205	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	6	mm /1st hr	0 - 15

  
Dr BIDISHA DE MD  
CONSULTANT PATHOLOGIST  
KMC NO-110691

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KMC 88902

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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)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.4	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.6	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	3.9	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.4		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	27	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	37	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	75	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	85	U/L	< 55

  
DR MANJUNATHA T.M  
Consultant Pathologist  
KMC Reg No : 112205

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DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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Age / Sex : 35 Year(s) / Male

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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	126	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	241	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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**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/Immuno-inhibition)	27	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	50.8	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)	48.2	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	99.0	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.

  
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.7		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)	8.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose 142.72 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 glycemc 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/CMIA)	1.11	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/CMIA)	6.73	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/Chemiluminescent Microparticle Immunoassay(CMIA))	2.16	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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MD PATHOLOGY  
KMC 88902  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION


Colour (Urine)	Pale yellow		
Volume (Urine)	15	mL	
Appearance (Urine)	Clear		Clear

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Protein (Urine)	Negative	mg/dL	Negative
Glucose (Urine)	Negative	mg/dL	Negative
Ketones (Urine)	Negative	mg/dL	Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative	mg/dL	Negative
Blood (Urine/AUTOMATED URINANALYSER)	Negative	Ery/uL	Negative

  
Dr BIDISHA DE MD  
CONSULTANT PATHOLOGIST  
KMC NO-110691

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2	mg/dL	0.2 - 1.0
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	1-2	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil

  
Dr BIDISHA DE MD  
CONSULTANT PATHOLOGIST  
KMC NO:110691

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DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mr. BOREGOWDA  
PID No. : MED110782968  
SID No. : 921070024  
Age / Sex : 35 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 09/12/2021 8:47 AM  
Collection On : 09/12/2021 11:06 AM  
Report On : 10/12/2021 4:26 PM  
Printed On : 11/12/2021 3:01 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**PHYSICAL EXAMINATION**

Colour (Stool)	Dark brownish		
Consistency (Stool)	Semi solid		Semi solid to solid
Mucus (Stool)	Absent		Absent
Blood (Stool)	Absent		Absent

**CHEMICAL EXAMINATION**


Reducing Substances (Stool)	Negative		Negative
Reaction (Stool)	Alkaline		Alkaline

**MICROSCOPIC EXAMINATION(STOOL COMPLETE)**

Ova (Stool)	Not Found		Not Found
Cysts (Stool)	Not Found		Not Found
Trophozoites (Stool)	Not Found		Not Found
Pus Cells (Stool/Microscopy)	1-2	/hpf	Nil
RBCs (Stool/Microscopy)	Nil	/hpf	Nil
Others (Stool)	Nil		Nil

  
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## BIOCHEMISTRY

BUN / Creatinine Ratio	12		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	131	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	174	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.

Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	12	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.0	mg/dL	0.9 - 1.3
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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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.2	mg/dL	3.5 - 7.2
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'

A handwritten signature in black ink over a circular logo with blue and pink segments.

Dr SONAL H K MD  
CONSULTANT PATHOLOGIST  
KMC No -110249

VERIFIED BY

A handwritten signature in black ink over a circular logo with blue and pink segments.

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APPROVED BY

-- End of Report --