

Name	Ms. GEETHA	Customer ID	MED111862083
Age & Gender	40Y/F	Visit Date	Sep 23 2023 8:56AM
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.

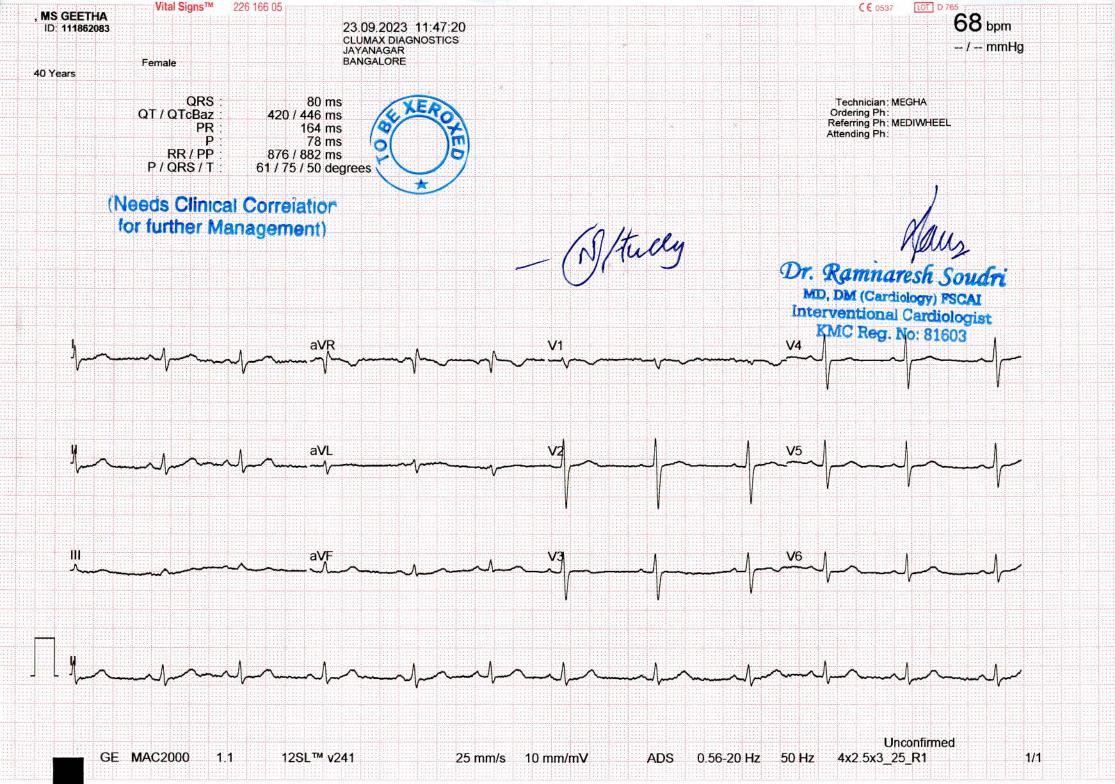
Visualised bones and soft tissues appear normal.

# **IMPRESSION:**

No significant abnormality detected.

Dr. Hemanandini Consultant Radiologist







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## **2D ECHOCARDIOGRAPHY**

## Chambers

• Left ventricle: normal in size, No RWMA at Rest.

Left Atrium : NormalRight Ventricle : NormalRight Atrium : Normal

## Septa

IVS : Intact IAS : Intact

### Valves

Mitral Valve : Normal.

Tricuspid Valve : Normal, trace TR, No PAHAortic valve : Tricuspid, Normal Mobility

• Pulmonary Artery: Normal

### **Great Vessels**

Aorta : Normal

• Pulmonary Artery: Normal

Pericardium: Normal

## **Doppler Echocardiography**

Mitral valve	Е	0.95	m/sec	A	0.66	m/sec	E/a:1.44
Aortic Valve	V max	1.5	m/sec	PG	9.9	mm	
Diastolic l	Dysfunction				NONE		





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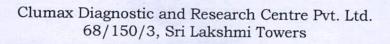
### M - Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	27	26-36	Mm
Left Atrium	31	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	45	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	27	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	->50	%

### **IMPRESSION:**

- NORMAL SIZED CARDIAC VALVES AND CHAMBERS
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.

DR RAMNARESH SOUDRI MD DM (CARDIOLOGY) FSCAI INTERVENTIONAL CARDIOLOGIST Rs/ m

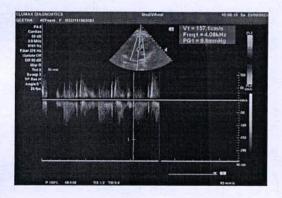


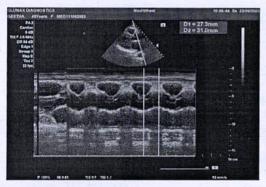


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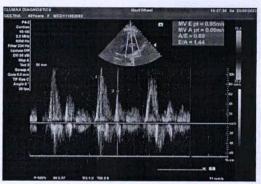


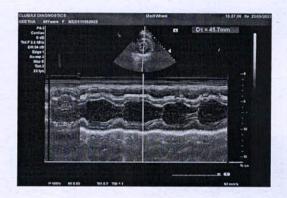
















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# ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is mildly enlarged in 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.

**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	9.6	1.1
Left Kidney	9.0	1.0

**URINARY BLADDER** show normal shape and wall thickness. It has clear contents.

UTERUS is anteverted and bulky in size with heterogeneous myometrium with few cystic areas within and asymmetrical uterine anterior wall thickening – likely adenomyosis.

Endometrial echo is of normal thickness – 12.0mms.

Uterus measures as follows:

LS: 9.8cms AP: 5.9cms

TS: 6.1cms.





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OVARIES are normal size, shape and echotexture

POD & adnexa are free.

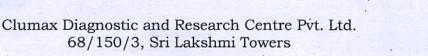
No evidence of ascites.

# Impression:

- Grade I fatty change in the liver.
- Bulky uterus with heterogeneous myometrium with few cystic areas within and asymmetrical uterine anterior wall thickening likely adenomyosis. .

DR. HARSHITH GOWDA CONSULTANT RADIOLOGIST Hg/d

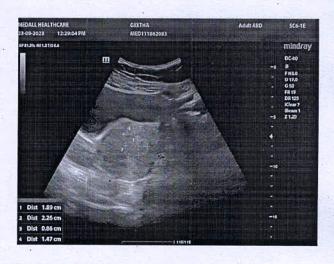




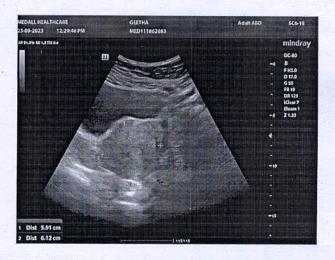


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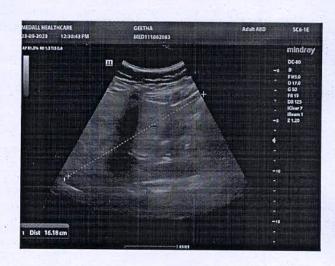
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# Clumax Diagnostic and Research Centre Pvt. Ltd. 68/150/3, Sri Lakshmi Towers

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PID No. : MED111862083

Age / Sex : 40 Year(s) / Female

: 80460642

: MediWheel

Type : OP

SID No.

Ref. Dr

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Collection On : 23/09/2023 9:14 AM

Report On : 23/09/2023 6:23 PM

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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	37.5	%	37 - 47
RBC Count (EDTA Blood)	4.57	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	82.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	12.9	%	11.5 - 16.0
RDW-SD (EDTA Blood)	37.02	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	57.3	%	40 - 75
Lymphocytes (EDTA Blood)	32.3	%	20 - 45
Eosinophils (EDTA Blood)	3.0	%	01 - 06
Monocytes (EDTA Blood)	6.7	%	01 - 10





The results pertain to sample tested.

Page 1 of 10



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Observed **Unit Biological** Value Reference Interval

Basophils (EDTA Blood)

(EDTA Blood)

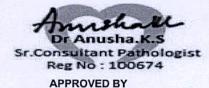
Investigation

opically.

0.7

INTERPRETATION: Tests done on Automated Five	Part cell counter. Al	Il abnormal results are revie	wed and confirmed microscop
Absolute Neutrophil count (EDTA Blood)	4.24	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.39	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.22	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.50	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood)	299	10^3 / μl	150 - 450
MPV (EDTA Blood)	8.8	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	6	mm/hr	< 20





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.35	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	66.41	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	82.07	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.33	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.1	U/L	42 - 98
Total Protein (Serum/Biuret)	7.09	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.45	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.64	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.69		1.1 - 2.2





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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Cholesterol Total (Serum/CHOD-PAP with ATCS)	200.57	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	100.68	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)	39.61	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	140.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	161.0	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.



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Page 4 of 10



PID No. : MED111862083

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Register On : 23/09/2023 8:56 AM : 80460642 Collection On : 23/09/2023 9:14 AM

Report On : 23/09/2023 6:23 PM

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1		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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0





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Collection On : 23/09/2023 9:14 AM

Report On

: 23/09/2023 6:23 PM

Printed On

: 23/09/2023 8:22 PM



<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C	6.6	%	Normal: 4.5 - 5.6
(Whole Blood/HPLC)			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

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 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 HbAlC 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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Page 6 of 10

Name

: Ms. GEETHA

PID No.

: MED111862083

Register On

: 23/09/2023 8:56 AM

SID No.

Investigation

: 80460642

Collection On : 23/09/2023 9:14 AM

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: 23/09/2023 6:23 PM

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: 23/09/2023 8:22 PM

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Observed Value

Unit

**Biological** Reference Interval

## **IMMUNOASSAY**

## THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total

1.46

ng/ml

0.7 - 2.04

(Serum/ECLIA) 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

8.20

μg/dl

4.2 - 12.0

(Serum/ECLIA)

### 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)

3.08

µIU/mL

0.35 - 5.50

(Serum/ECLIA)

### 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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Page 7 of 10



Name : Ms. GEETHA

Ref. Dr

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: 80460642 SID No.

Register On : 23/09/2023 8:56 AM Collection On : 23/09/2023 9:14 AM

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: OP

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Report On

: 23/09/2023 6:23 PM

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: 23/09/2023 8:22 PM



Investigation Observed Unit Biological **Value** Reference Interval

# **CLINICAL PATHOLOGY**

## PHYSICAL EXAMINATION (URINE COMPLETE)

Colour	Pale yellow	Yellow to Amber
(Urine)		

Appearance Clear (Urine)

Volume(CLU) 20 (Urine)

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5	4.5 - 8.0
(Urine)		

Specific Gravity 1.008 1.002 - 1.035

(Urine) Ketone Negative Negative

(Urine)

Urobilinogen Normal Normal (Urine)

Blood Negative Negative (Urine)

Nitrite Negative Negative (Urine)

Bilirubin Negative Negative (Urine)

Protein Negative

Negative (Urine)

Glucose Negative Negative (Urine/GOD - POD)



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Clear

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Page 8 of 10



Name : Ms. GEETHA

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reviewed and confirmed microscopically.

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Casts

(Urine) Crystals

(Urine)

: OP

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Leukocytes(CP) (Urine)  MICROSCOPIC EXAMINATION (URINE COMPLETE)	Negative		
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	2-5	/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

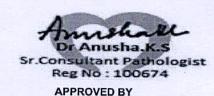
/hpf

/hpf

NIL

NIL





NIL

NIL

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Ref. Dr

: OP

: MediWheel

Printed On

23/09/2023 8:22 PM

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	13.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	114.72	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)

Trace

Negative

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)

184.01

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)	Trace		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.67	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) 6.03

mg/dL

2.6 - 6.0



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Page 10 of 10

