

Name : Mrs. G NITHYA
PID No. : MED111408413 **Register On** : 10/12/2022 8:32 AM
SID No. : 79816479 **Collection On** : 10/12/2022 10:33 AM
Age / Sex : 29 Year(s) / Female **Report On** : 10/12/2022 2:50 PM
Type : OP **Printed On** : 11/12/2022 11:46 AM
Ref. Dr : MediWheel

| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--------------------------------------|
| BLOOD GROUPING AND Rh TYPING (Blood/Agglutination) | 'A' 'Positive' | | |
| <u>Complete Blood Count With - ESR</u> | | | |
| Haemoglobin (Blood/Spectrophotometry) | 12.2 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV) | 38.3 | % | 37 - 47 |
| RBC Count (Blood/Electrical Impedance) | 5.00 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (Blood/Calculated) | 76.5 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated) | 24.6 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Calculated) | 32.1 | g/dL | 32 - 36 |
| RDW-CV (Calculated) | 16.0 | % | 11.5 - 16.0 |
| RDW-SD (Calculated) | 42.84 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (Blood/Electrical Impedance) | 7750 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood/Impedance and absorbance) | 66.33 | % | 40 - 75 |
| Lymphocytes (Blood/Impedance and absorbance) | 24.53 | % | 20 - 45 |
| Eosinophils (Blood/Impedance and absorbance) | 2.49 | % | 01 - 06 |
| Monocytes (Blood/Impedance and absorbance) | 6.42 | % | 01 - 10 |


P.V. Pradeep
P. Venkata Pradeep
Lab Manager

VERIFIED BY


Dr. Tanusha
Consultant Pathologist
Reg No- 070707

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| Basophils (Blood/Impedance and absorbance) | 0.23 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (Blood/Impedance and absorbance) | 5.14 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (Blood/Impedance) | 1.90 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (Blood/Impedance) | 0.19 | 10 ³ / μ l | 0.04 - 0.44 |
| Absolute Monocyte Count (Blood/Impedance) | 0.50 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (Blood/Impedance) | 0.02 | 10 ³ / μ l | < 0.2 |
| Platelet Count (Blood/Impedance) | 2.10 | lakh/cu.mm | 1.4 - 4.5 |
| INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically. | | | |
| MPV (Blood/Derived from Impedance) | 8.95 | fL | 8.0 - 13.3 |
| PCT (Calculated) | 0.19 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser) | 12 | mm/hr | < 20 |
| BUN / Creatinine Ratio | 7.7 | | |
| Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase) | 100 | 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 |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD) | 119 | 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 Glucose(PP-2 hours) (Urine - PP) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Calculated) | 7.0 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Jaffe ~ Alkaline Picrate) | 0.9 | mg/dL | 0.6 - 1.1 |
| Uric Acid (Serum/Urlicase/Peroxidase) | 4 | mg/dL | 2.6 - 6.0 |

Liver Function Test

| | | | |
|--|------|-------|-----------|
| Bilirubin(Total) (Serum/Diazotized Sulphanilic acid) | 0.4 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid) | 0.2 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Calculated) | 0.20 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P) | 14 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P) | 8 | U/L | 5 - 41 |
| Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer) | 81 | U/L | 42 - 98 |
| Total Protein (Serum/Biuret) | 7.3 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.4 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Calculated) | 2.90 | gm/dL | 2.3 - 3.6 |


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|--|-----------------------|-------------|---|
| A : G RATIO (Serum/Calculated) | 1.52 | | 1.1 - 2.2 |
| INTERPRETATION: Enclosure : Graph | | | |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 14 | U/L | < 38 |
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase) | 166 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase) | 118 | 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) | 49 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
| LDL Cholesterol (Serum/Calculated) | 93.4 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 23.6 | mg/dL | < 30 |


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| Non HDL Cholesterol (Serum/Calculated) | 117.0 | 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) | 3.4 | | 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) | 2.4 | | 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 |
|---|-----|--|---|

Glycosylated Haemoglobin (HbA1c)

| | | | |
|--|-----|---|---|
| HbA1C (Whole Blood/HPLC-Ion exchange) | 6.2 | % | 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 %

| | | | |
|-------------------------------------|--------|-------|--|
| Mean Blood Glucose (Whole Blood) | 131.24 | mg/dl | |
|-------------------------------------|--------|-------|--|

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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THYROID PROFILE / TFT

| | | | |
|---|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 1.27 | 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)) | 10.92 | µg/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/Chemiluminescence) | 1.46 | 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.

Urine Analysis - Routine

| | |
|------------------------------|-----|
| Others (Urine/Microscopy) | NIL |
|------------------------------|-----|

INTERPRETATION:Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

| | | |
|--|-------------|-----------------|
| Colour (Urine/Physical examination) | PALE YELLOW | Yellow to Amber |
|--|-------------|-----------------|


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| Appearance (Urine/Physical examination) | Clear | | Clear |
| <u>Chemical Examination(Urine Routine)</u> | | | |
| Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method) | Negative | | Negative |
| Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.) | Negative | | Negative |
| <u>Microscopic Examination(Urine Routine)</u> | | | |
| Pus Cells (Urine/Microscopy exam of urine sediment) | 2-3 | /hpf | 0 - 5 |
| Epithelial Cells (Urine/Microscopy exam of urine sediment) | 4-5 | /hpf | NIL |
| RBCs (Urine/Microscopy exam of urine sediment) | NIL | /hpf | 0 - 5 |



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Tanusha
Dr. Tanusha
 Consultant Pathologist
 Reg No- 070707

APPROVED BY

-- End of Report --

| | | | |
|-----------------|--------------|------------|--------------|
| Name | MRS.G NITHYA | ID | MED111408413 |
| Age & Gender | 29Y/FEMALE | Visit Date | 10 Dec 2022 |
| Ref Doctor Name | MediWheel | | |

ULTRASOUND WHOLE ABDOMEN

Liver : Normal in size (13.7 cm) with regular outlines and normal echopattern.
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.

Gall Bladder : Well-distended with few calculi noted with in the lumen largest measuring 14mm.

- No evidence of wall thickening or pericholecystic free fluid.

Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.

Spleen : Measured 10.6 cm, in size with normal echotexture.

Right kidney : Measured 8.9 x 3.0 cm in size.

Left kidney : Measured 9.9 x 4.5 cm in size.
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
No e/o calculi / space occupying lesion seen.
No e/o suprarenal / retroperitoneal masses noted.

Urinary bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi / masses seen.

Uterus : Measured 6.2 x 5.6 x 4.7 cm in size with normal myometrial and endometrial echotexture. Endometrial echo measured 9.7 mm.

Right ovary : Measured 2.4 x 1.9 cm in size.

Left ovary : Measured 2.6 x 1.9 cm in size.

Both ovaries are normal in size and appearance.

No e/o ascites / pleural effusion seen.

No e/o detectable bowel pathology seen.

IMPRESSION : _

➤ **Cholelithiasis.**

| | | | |
|-----------------|--------------|------------|--------------|
| Name | MRS.G NITHYA | ID | MED111408413 |
| Age & Gender | 29Y/FEMALE | Visit Date | 10 Dec 2022 |
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- *For clinical correlation.*

**Dr. DARSHINI PASUPULETI, MDRD.,
CONSULTANT RADIOLOGIST**

| | | | |
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| Name | G NITHYA | ID | MED111408413 |
| Age & Gender | 29Y/F | Visit Date | Dec 10 2022 8:31AM |
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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. LENIN VENTRAPATI, MD
Consultant Radiologist.

FITNESS CERTIFICATE

| | |
|------------------------|--|
| NAME: <i>G. Nithya</i> | AGE: <i>29y/F</i> |
| Ht: <i>145</i> CMS | Wt: <i>61.3</i> KGS SEX: <i>Female</i> |

| PARAMETERS | MEASUREMENTS |
|---------------------|------------------------------------|
| PULSE / BP (supine) | <i>120/80</i> /min /mmHg <i>82</i> |
| INSPIRATION | |
| EXPIRATION | <i>36</i> |
| CHEST CIRCUMFERENCE | <i>35</i> |
| PREVIOUS ILLNESS | <i>25</i> |
| VISION | |
| FAMILY HISTORY | FATHER: MOTHER: |

REPORTS:

DATE: *11/12/2022*

PLACE:


Dr. LANKAKASH
 MBBS
 CONSULTANT Physician & Surgeon

9 Years Female

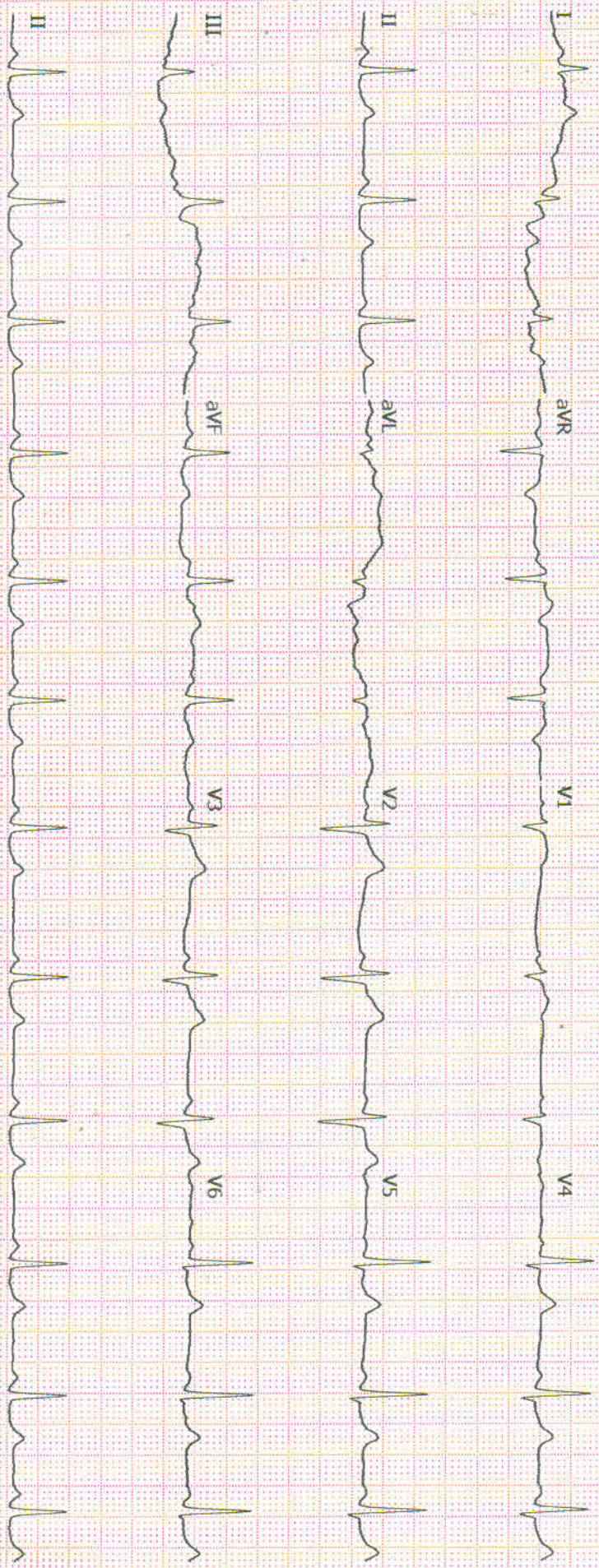
Ordering Ph: Referring Ph: Attending Ph:

Indication: Medication 1: Medication 2: Medication 3:

mmHg

Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:
 QRS : 74 ms
 QT / QTcBaz : 382 / 415 ms
 PR : 124 ms
 P : 100 ms
 RR / PP : 844 / 845 ms
 P / QRS / T : 28 / 70 / 20 degrees

Normal sinus rhythm with sinus arrhythmia
 Junctional ST depression, probably normal
 Borderline ECG



| | | | |
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IMPRESSION :

➤ **Cholelithiasis.**

- ***For clinical correlation.***


Dr. DARSHIN PASUPULETI, MDRD.,
CONSULTANT RADIOLOGIST

Tabular Summary

MEDALL HEALTHCARE PVT

MRS.G.NITHYA,
 Patient ID MED11140841
 12/10/2022 Female
 9:56:24am 34yrs Indian
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Total Exercise Time 06:12
 Max HR: 150 bpm 80% of max predicted 186 bpm HR at rest: 88
 Max BP: 140/90 mmHg Max RPP: 17290 mmHg*bpm
 Maximum Workload: 7.50 METS
 Max. ST: -3.25 mm, 0.00 mV/s in V5; RECOVERY 00:17
 Arrhythmia: A:63, VBI:4, PVC:66, PSVC:6, CPLT:5
 ST/HR index: 5.00 μ V/bpm
Reasons for Termination: Fatigue
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | Workload (METs) | HR (bpm) | BP (mmHg) | RPP (mmHg*bpm) | VE (l/min) | ST Level (V5 mm) | Comment |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|----------------|------------|------------------|---------|
| PRETEST | SUPINE | 00:20 | 0.00 | 0.00 | 1.0 | 80 | | | 0 | 0.05 | |
| | STANDING | 00:04 | 0.00 | 0.00 | 1.0 | 81 | | | 0 | -0.15 | |
| | HYPERV. | 00:03 | 0.00 | 0.00 | 1.0 | 84 | | | 0 | -0.55 | |
| EXERCISE | WARM-UP | 00:06 | 0.00 | 0.00 | 1.0 | 90 | | | 0 | -0.45 | |
| | STAGE 1 | 03:00 | 1.70 | 10.00 | 4.6 | 116 | 120/80 | 13920 | 6 | -0.80 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 7.0 | 136 | 130/90 | 17680 | 9 | -2.05 | |
| RECOVERY | STAGE 3 | 00:12 | 3.40 | 14.00 | 7.5 | 142 | | | 6 | -2.70 | |
| | | 03:06 | 0.00 | 0.00 | 1.0 | 94 | 140/90 | 13160 | 1 | -0.65 | |

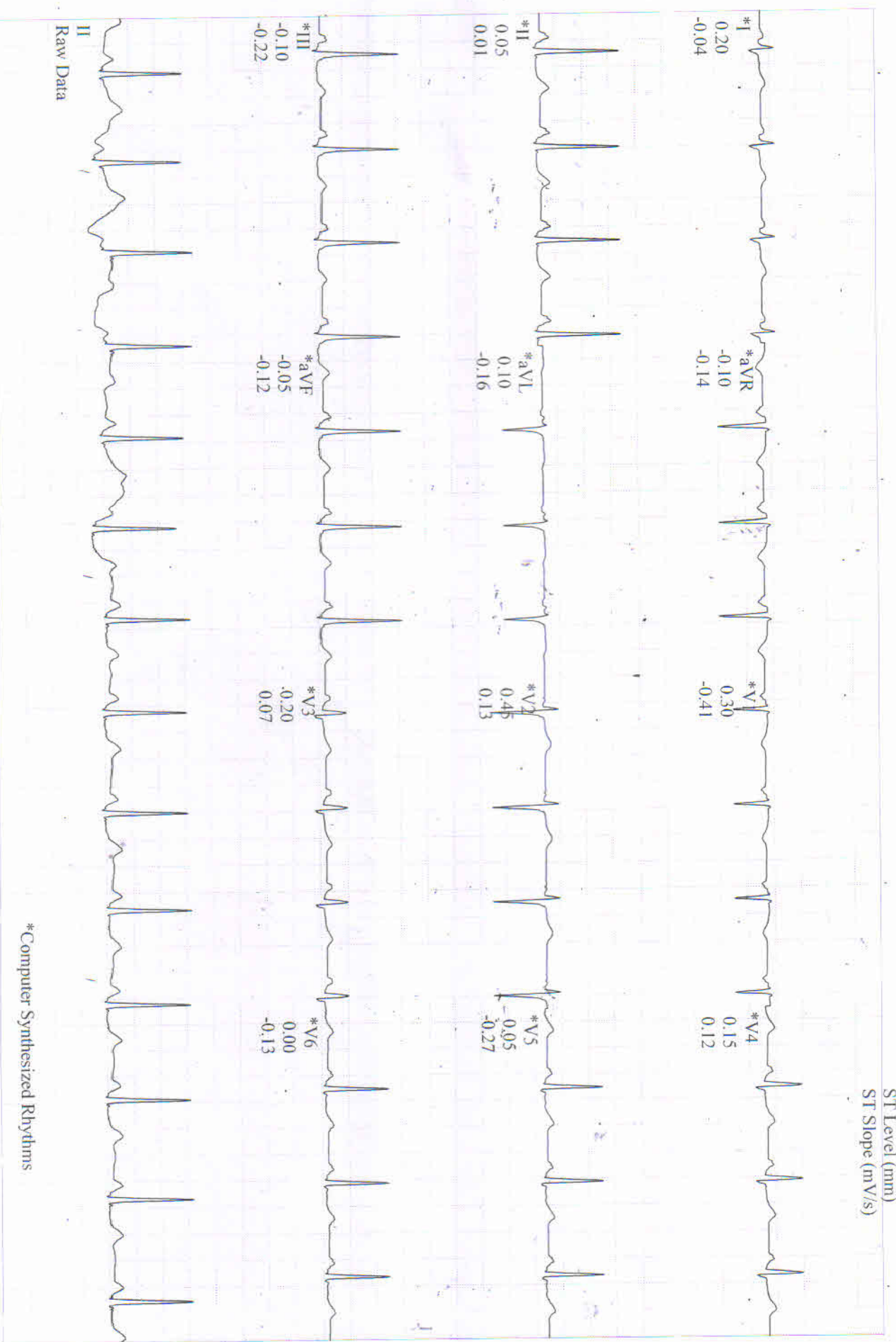
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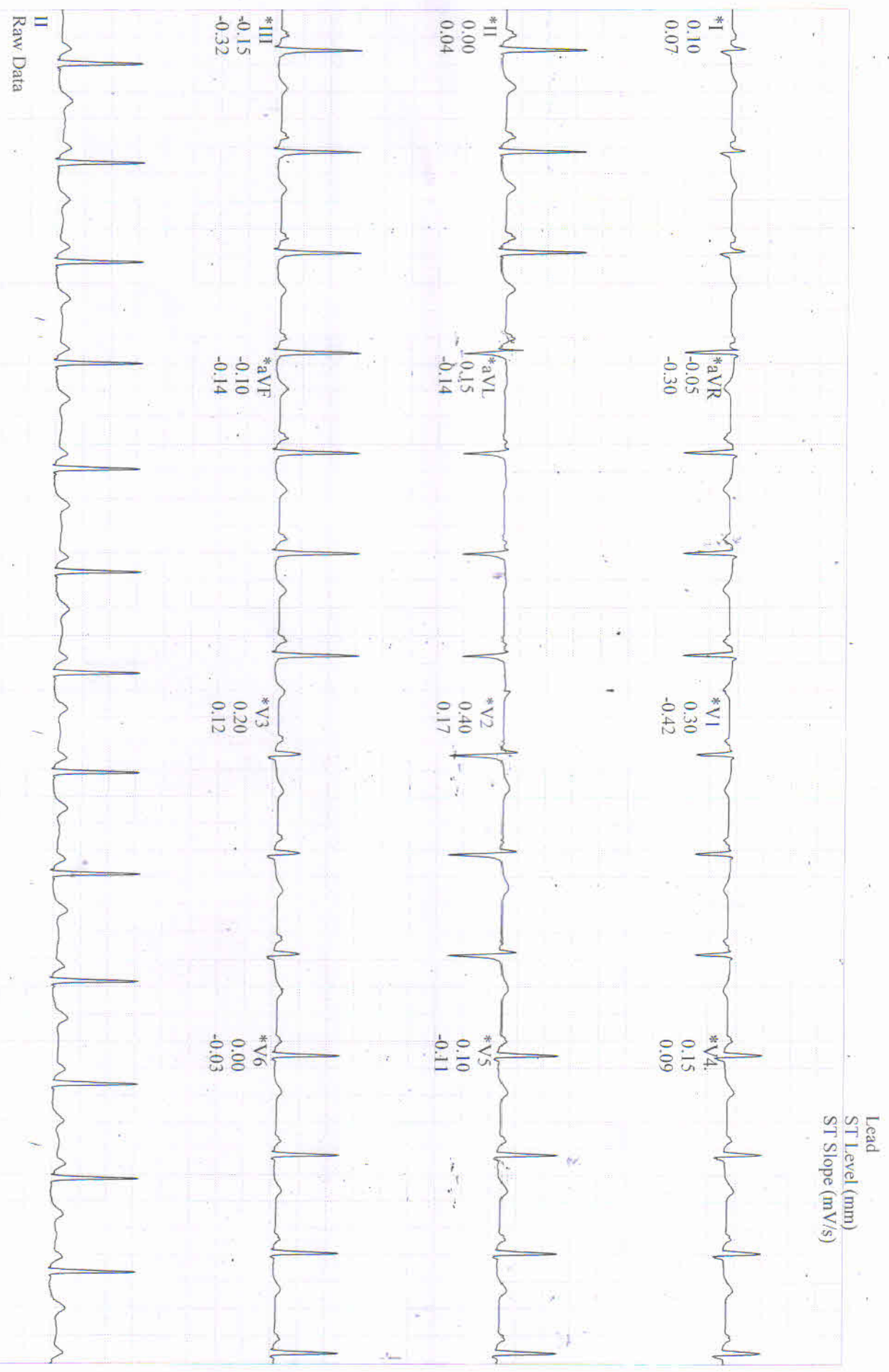
SM/MLT

88 bpm

Linked Medians
PRETEST
SUPINE
00:11

BRUCE
0.0 mph
0.0 %





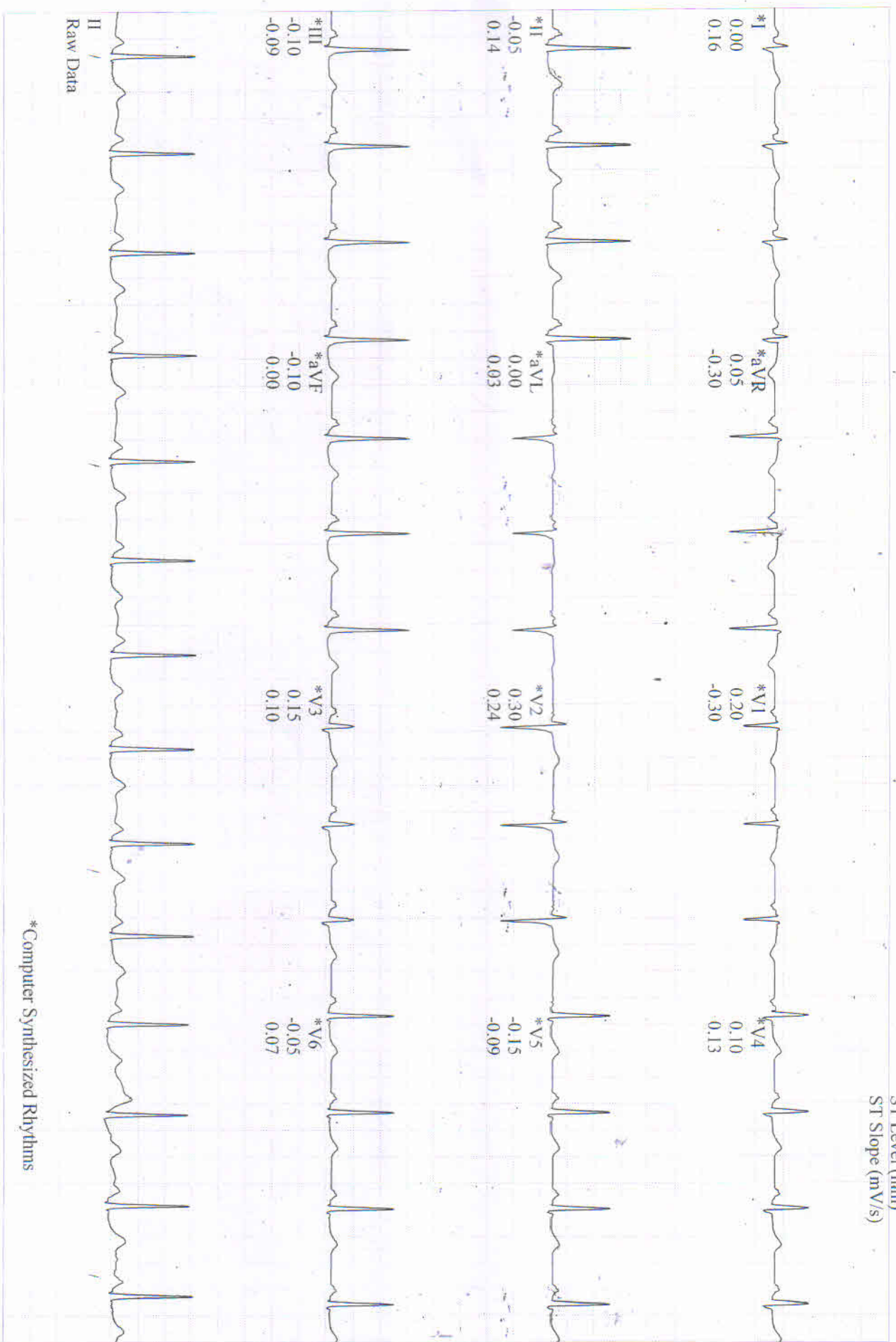
Raw Data

*Computer Synthesized Rhythms

82 bpm

Linked Medians
PRETEST
HYPERV.
00:24

BRUCE
0.0 mph
0.0 %



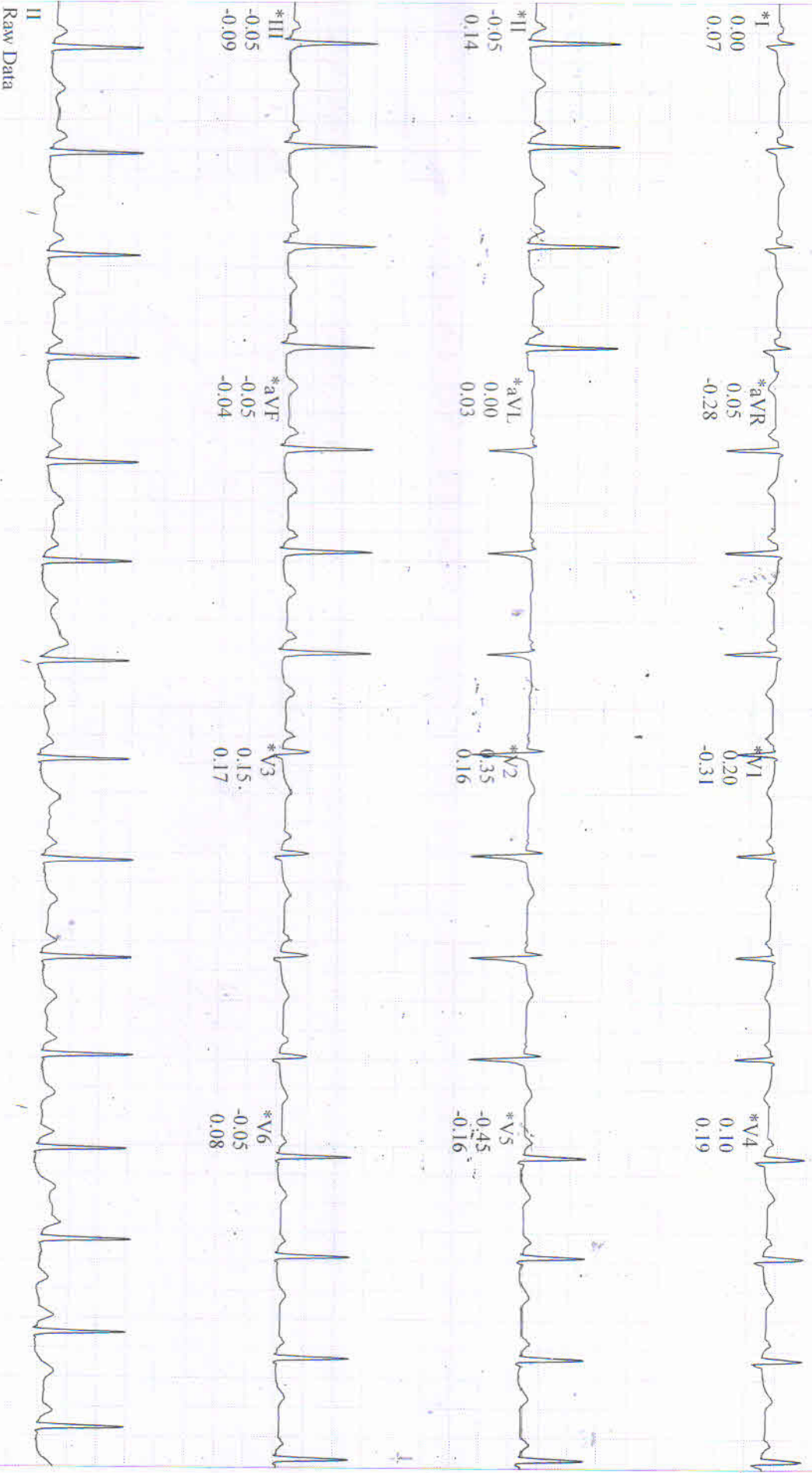
86 bpm

Linked Medians

PRETEST
WARM-UP
00:28

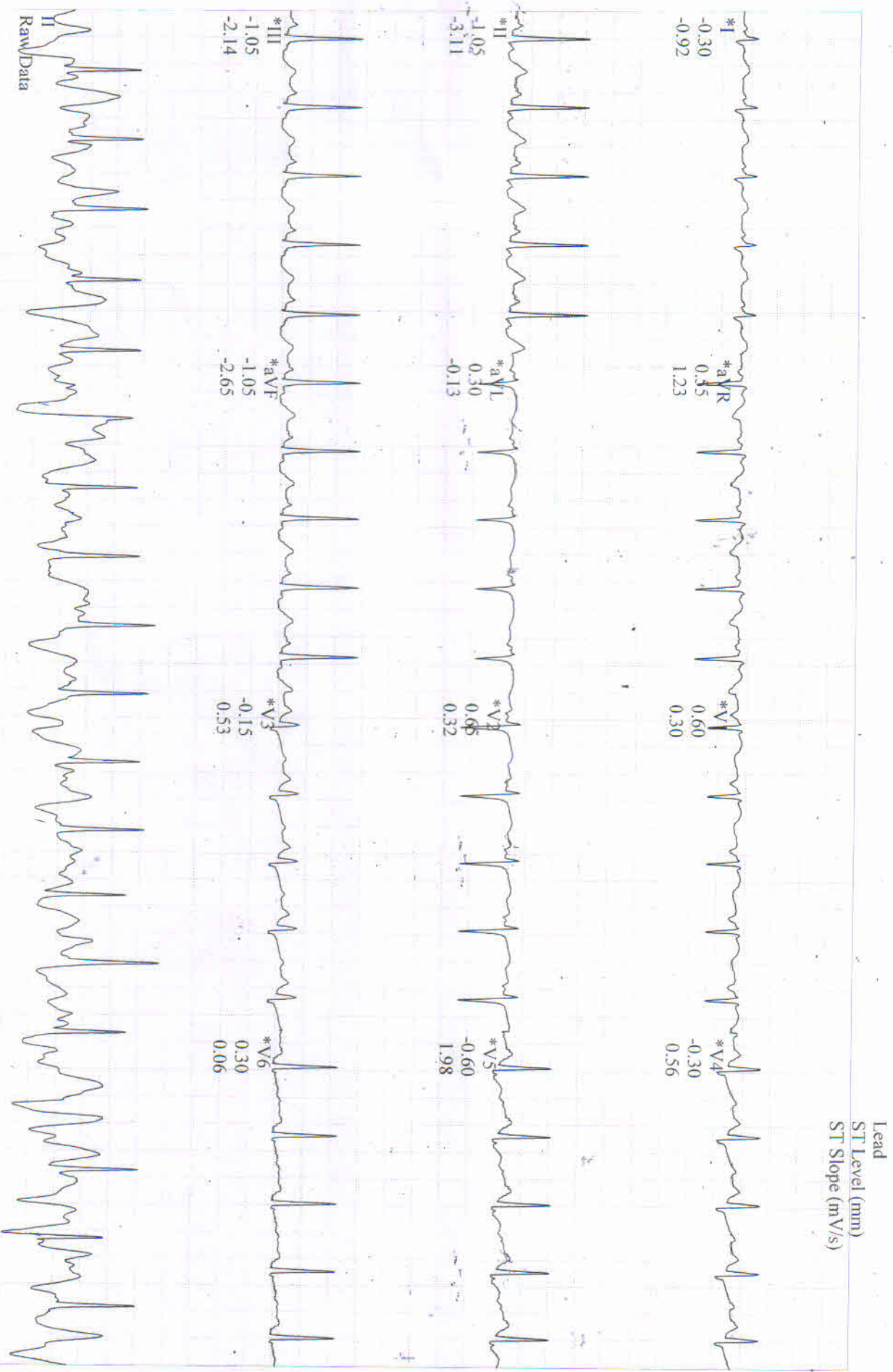
BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms



*Computer Synthesized Rhythms

G.NITHYA,
Patient ID MED11140841

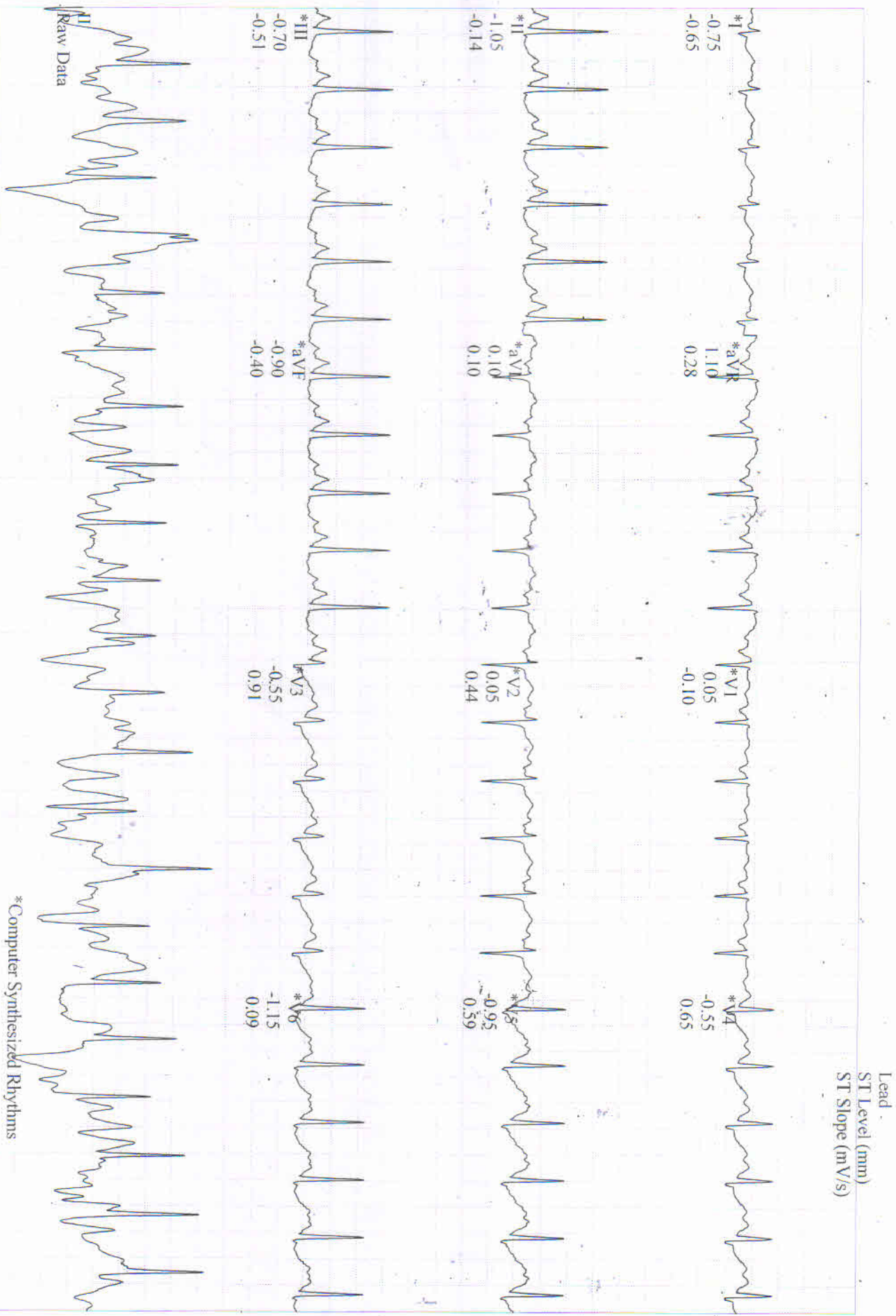
2/10/2022
10:02:48am

136 bpm
130/90 mmHg

Linked Medians
EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

MEDALL HEALTHCARE PVT



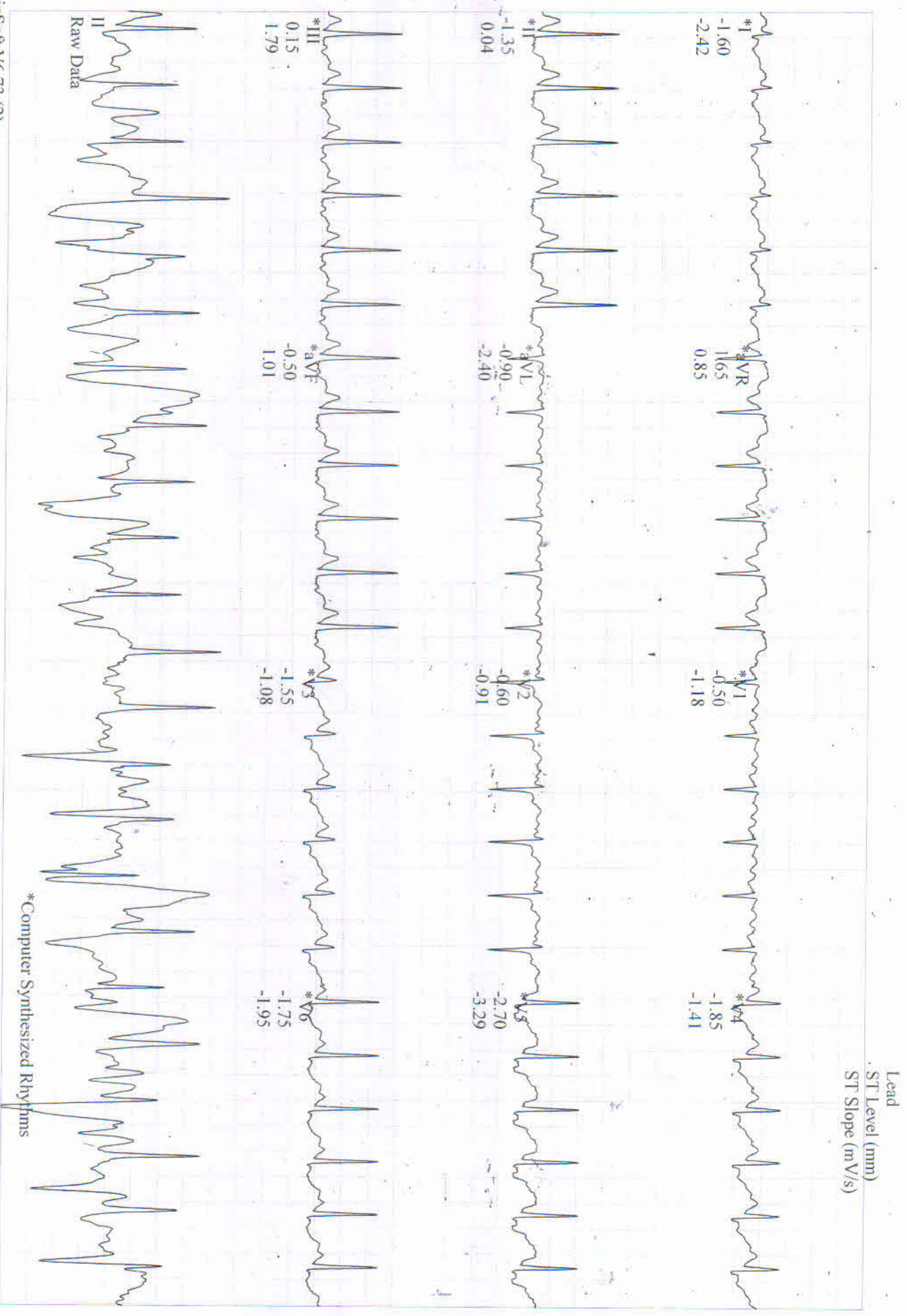
G. NITHYA,
Patient ID MED11140841

2/10/2022
10:03:10am

142 bpm
130/90 mmHg

Linked Medians (PEAK EXERCISE)
EXERCISE BRUCE
STAGE 3 3.4 mph
06:12 14.0 %

MEDALL HEALTHCARE PVT



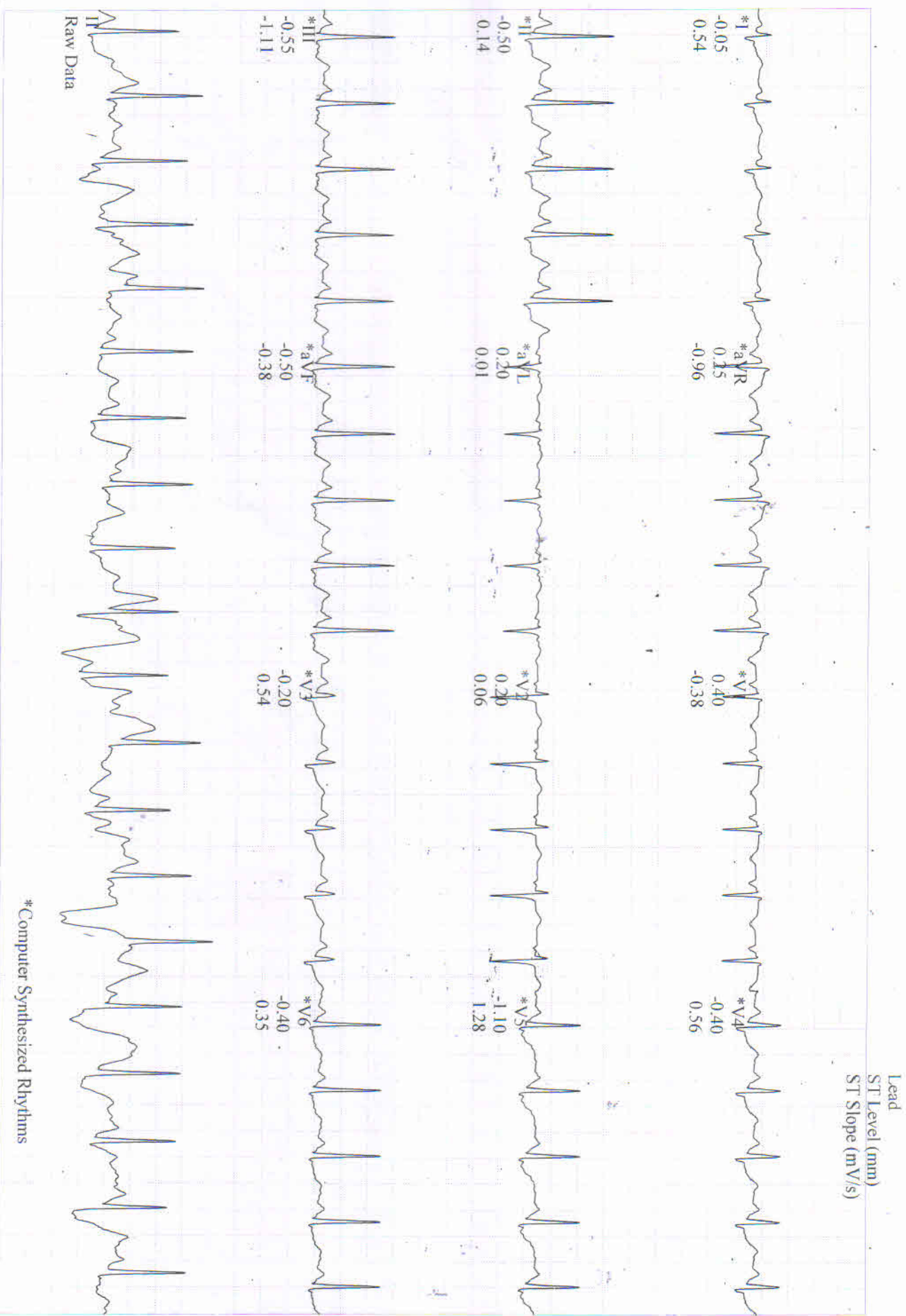
G.NITHYA,
Patient ID MED11140841

2/10/2022
10:04:00am

120 bpm

Linked Medians
RECOVERY #1
00:50
BRUCE
0.0 mph
0.0 %

MEDALL HEALTHCARE PVT



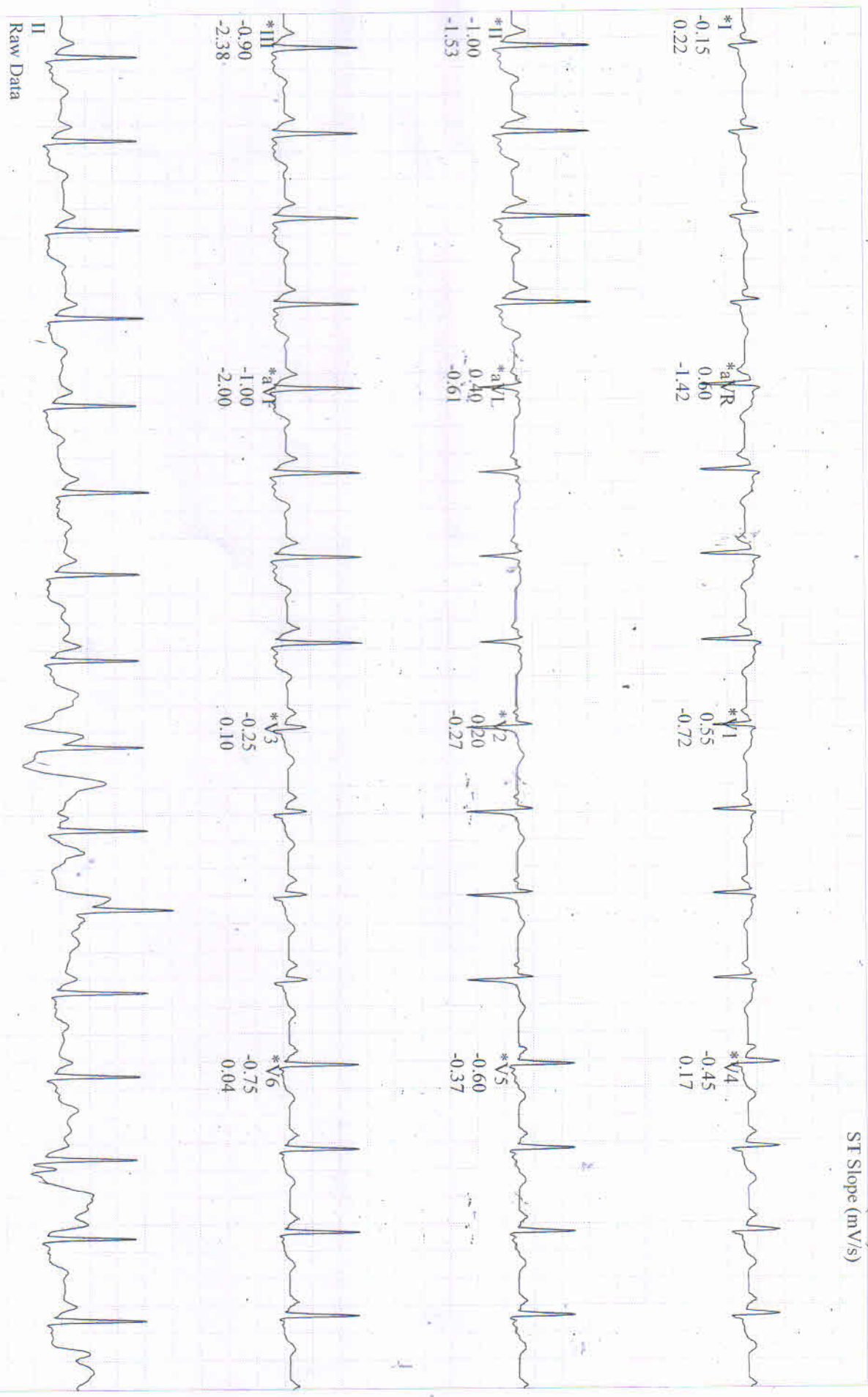
GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 60Hz 0.01Hz FRF+ HR(II,V4)

Start of Test: 9:56:24am

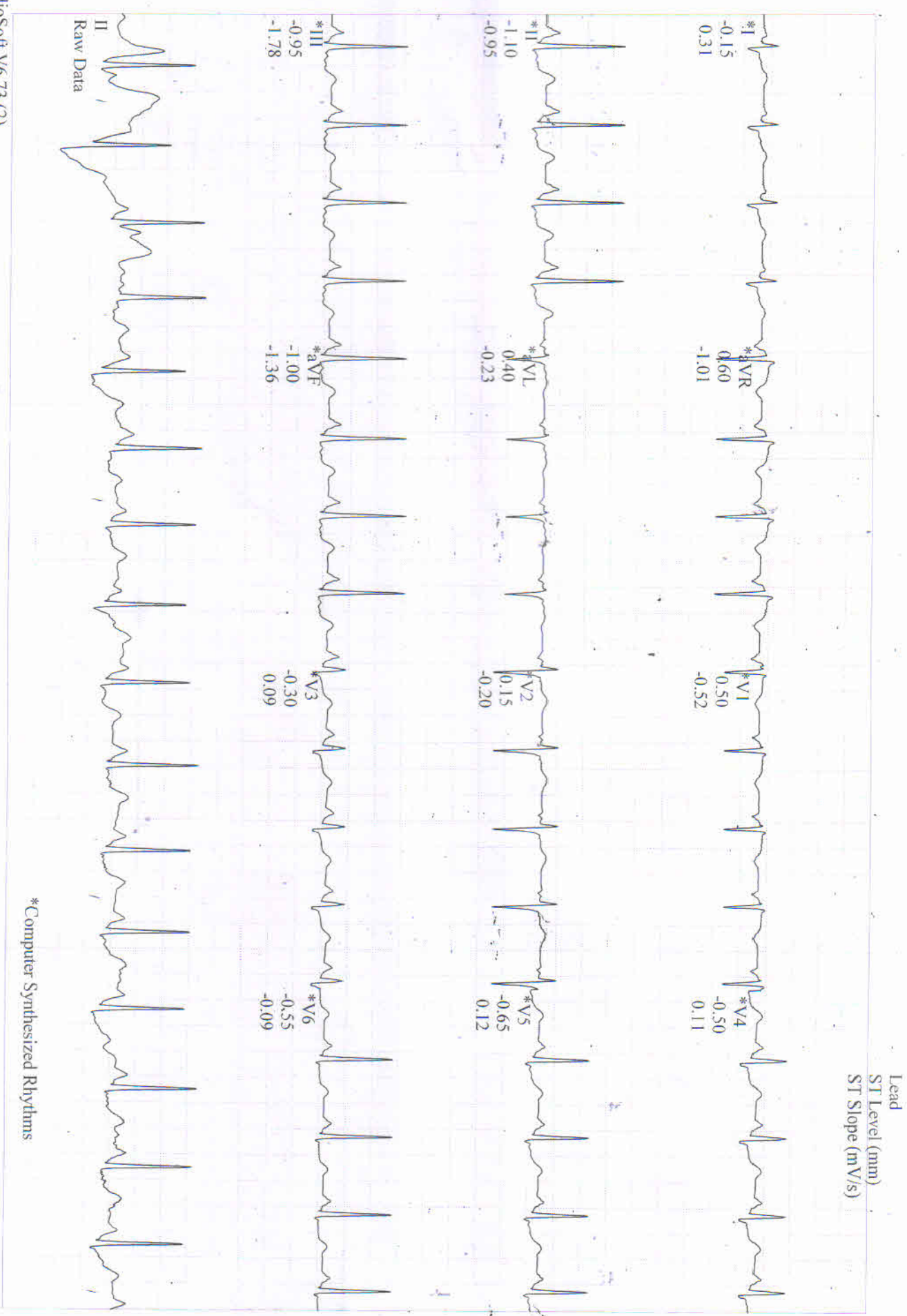
98 bpm

Linked Medians
RECOVERY
#1
01:50

BRUCE
0.0 mph
0.0%



*Computer Synthesized Rhythms



*Computer Synthesized Rhythms