

DIAGNOSTIC REPORT

Patient Ref. No. 66600002659655



Cert. No. MC-2812



CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
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ASTER SQUARE BUILDING, ULLOOR,
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TRIVANDRUM, 695011
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Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : MS. ARYA ANANDPATIENT ID : **ARYAF457339270**ACCESSION NO : **4182VL005804** AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 14/12/2022 08:24

REPORTED : 15/12/2022 14:37

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION

REPORT ATTACHED



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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO

*** SERUM BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN 12 Adult(<60 yrs) : 6 to 20 mg/dL

*** BUN/CREAT RATIO**

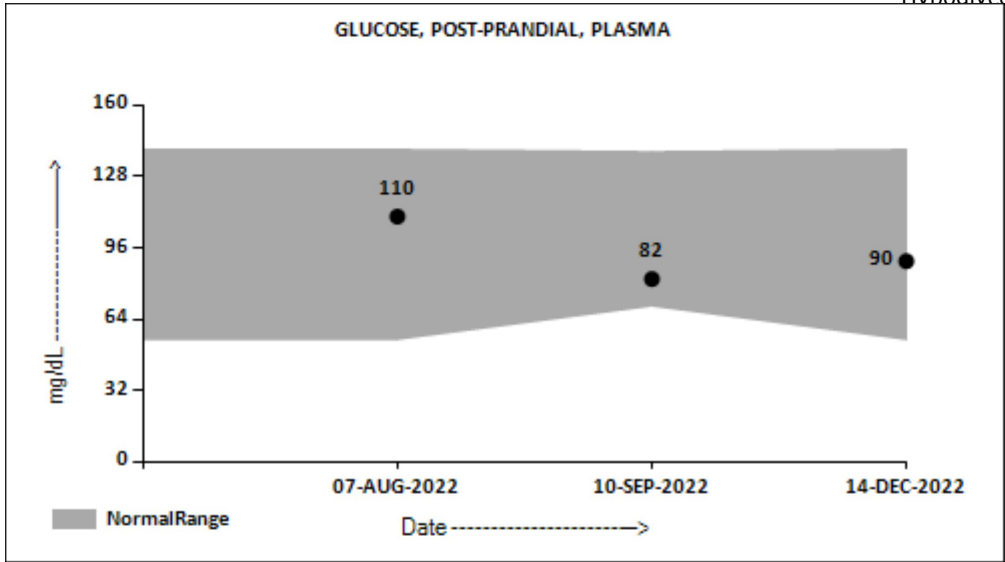
BUN/CREAT RATIO 20.3

CREATININE, SERUM

CREATININE 0.59 18 - 60 yrs : 0.6 - 1.1 mg/dL

*** GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 90
 Diabetes Mellitus : > or = 200. mg/dL
 Impaired Glucose tolerance/
 Prediabetes : 140 - 199.
 Hypoglycemia : < 55.



GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA 90
 Diabetes Mellitus : > or = 126. mg/dL
 Impaired fasting Glucose/
 Prediabetes : 101 - 125.
 Hypoglycemia : < 55.



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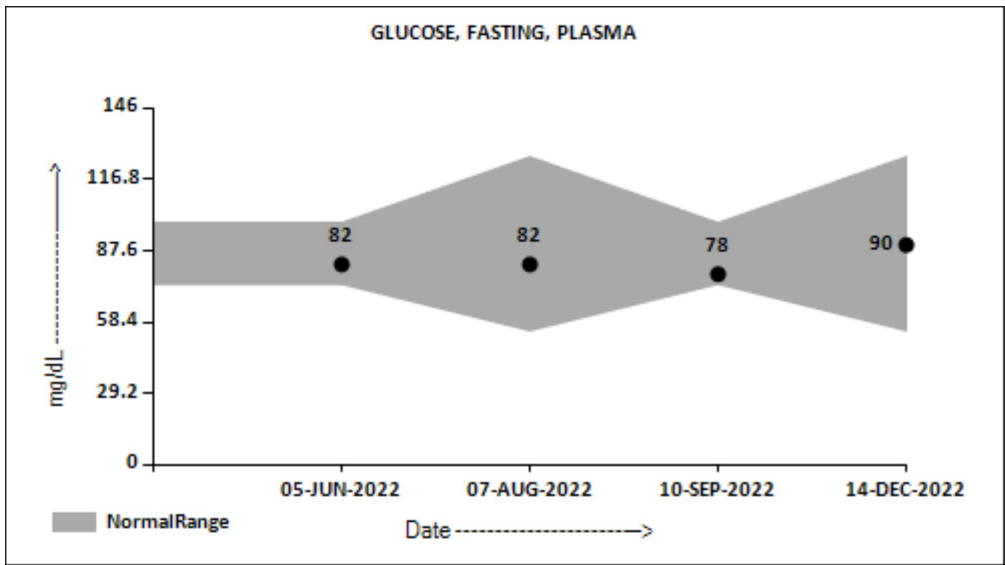
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*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.2
Normal : 4.0 - 5.6%. %
Non-diabetic level : < 5.7%.
Diabetic : >6.5%

Glycemic control goal
More stringent goal : < 6.5 %.
General goal : < 7%.
Less stringent goal : < 8%.

Glycemic targets in CKD :-
If eGFR > 60 : < 7%.
If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 102.5 mg/dL

*** LIPID PROFILE, SERUM**

CHOLESTEROL 243 **High** Desirable : < 200 mg/dL
Borderline : 200-239
High : >or= 240
TRIGLYCERIDES 150 Normal : < 150 mg/dL
High : 150-199
Hypertriglyceridemia : 200-499
Very High : > 499
HDL CHOLESTEROL 42 General range : 40-60 mg/dL



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DIRECT LDL CHOLESTEROL	192	High Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	201	High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	5.8	High 3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	4.6	High 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	30.0	Desirable value :	mg/dL
* LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL	0.27	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.11	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.16	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.3	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.3	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	3.0	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.5	General Range : 1.1 - 2.5	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	Adults : < 34	U/L
ALKALINE PHOSPHATASE	83	Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	13	Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.3	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	4.5	Adults : 2.4-5.7	mg/dL



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ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE A
 RH TYPE POSITIVE
METHOD : COLUMN AGGLUTINATION TECHNOLOGY

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN	12.5	12.0 - 15.0	g/dL
<small>METHOD : SPECTROPHOTOMETRIC</small>			
RED BLOOD CELL COUNT	4.38	3.8 - 4.8	mil/ μ L
<small>METHOD : IMPEDANCE VARIATION</small>			
WHITE BLOOD CELL COUNT	7.38	4.0 - 10.0	thou/ μ L
PLATELET COUNT	343	150 - 410	thou/ μ L
<small>METHOD : IMPEDANCE VARIATION</small>			

RBC AND PLATELET INDICES

HEMATOCRIT	36.3	36 - 46	%
<small>METHOD : CALCULATED PARAMETER</small>			
MEAN CORPUSCULAR VOL	83.0	83 - 101	fL
MEAN CORPUSCULAR HGB.	28.6	27.0 - 32.0	pg
<small>METHOD : CALCULATED PARAMETER</small>			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.4	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.5	12.0 - 18.0	%
MENTZER INDEX	19.0		
MEAN PLATELET VOLUME	9.0	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	51	40 - 80	%
LYMPHOCYTES	34	20 - 40	%
MONOCYTES	6	2 - 10	%
EOSINOPHILS	9	High 1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.76	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.51	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.44	0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.66	High 0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT	0.0		thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5		



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ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

SEDIMENTATION RATE (ESR) **31** **High** 0 - 20 mm at 1 hr

STOOL: OVA & PARASITE RESULT PENDING

*** SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED

*** THYROID PANEL, SERUM**

T3 105.80 80 - 200 ng/dL
 T4 6.35 5.1 - 14.1 µg/dl
 TSH 3RD GENERATION 1.050 Non-Pregnant : 0.4-4.2 µIU/mL

Pregnant Trimester-wise :
 1st : 0.1 - 2.5
 2nd : 0.2 - 3
 3rd : 0.3 - 3

PHYSICAL EXAMINATION, URINE

COLOR YELLOWISH
 APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH 6.0 4.7 - 7.5
 SPECIFIC GRAVITY 1.016 1.003 - 1.035
 PROTEIN NEGATIVE NOT DETECTED
 GLUCOSE NEGATIVE NOT DETECTED
 KETONES NEGATIVE NOT DETECTED
 BLOOD NEGATIVE NOT DETECTED
 BILIRUBIN NOT DETECTED NOT DETECTED
 UROBILINOGEN NORMAL NORMAL
 NITRITE NEGATIVE NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF
 WBC 1-2 0-5 /HPF
 EPITHELIAL CELLS 0-1 0-5 /HPF
 CASTS NEGATIVE
 CRYSTALS NEGATIVE
 REMARKS NIL

*** SUGAR URINE - FASTING**



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SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

Interpretation(s)

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
- Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease

• SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows:

Pre-diabetics: 100 - 125 mg/dL

Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- 1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- 2.Diagnosing diabetes.
- 3.Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

1.eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.

III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates are reported to interfere with some assay methods,falsely increasing results.

IV.Interference of hemoglobinopathies in HbA1c estimation is seen in

a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

c.HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High



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triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
 Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
 TOTAL PROTEIN, SERUM-Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
 Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-
 Causes of Increased levels
 Dietary
 • High Protein Intake.
 • Prolonged Fasting,
 • Rapid weight loss.
 Gout
 Lesch nyhan syndrome.
 Type 2 DM.
 Metabolic syndrome.

Causes of decreased levels
 • Low Zinc Intake
 • OCP's
 • Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
 • Drink plenty of fluids
 • Limit animal proteins
 • High Fibre foods
 • Vit C Intake
 • Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
 Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
 BLOOD COUNTS, EDTA WHOLE BLOOD-
 The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
 RBC AND PLATELET INDICES-
 Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia (>13) from Beta thalassaemia trait



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(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT

Patient Ref. No. 66600002659655



Cert. No. MC-2812



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS :
 ARCOFEMI HEALTHCARE LIMITED
 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS
 ASTER SQUARE BUILDING, ULLOOR,
 MEDICAL COLLEGE P.O
 TRIVANDRUM, 695011
 KERALA, INDIA
 Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
 Email : customercare.ddrc@srl.in

PATIENT NAME : MS. ARYA ANAND**PATIENT ID : ARYAF457339270**ACCESSION NO : **4182VL005804** AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : RECEIVED : 14/12/2022 08:24

REPORTED : 15/12/2022 14:37

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	<u>Preliminary</u>	Results	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO*** ECG WITH REPORT****REPORT**

REPORT GIVEN

*** USG ABDOMEN AND PELVIS****REPORT**

REPORT GIVEN

*** CHEST X-RAY WITH REPORT****REPORT**

REPORT GIVEN

*** 2D - ECHO WITH COLOR DOPPLER****REPORT**

REPORT GIVEN

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
 HOD -BIOCHEMISTRY

DR.VAISHALI RAJAN, MBBS
 DCP(Pathology)
 (Reg No - TCC 27150)
 HOD - HAEMATOLOGY

DR. SRI SRUTHY, MD
 Microbiology
 (Reg No - TCMC 44886)
 CONSULTANT
 MICROBIOLOGIST

DR. ASTHA YADAV, MD
 Biochemistry
 (Reg No - DMC/R/20690)
 CONSULTANT BIOCHEMIST



Scan to View Details



Scan to View Report

V1

V2

V3

V4

ID: 005804

Diagnosis Information:

Female
32 Years
cm

mmHg
kg

Arya Prasad

Dr. SERIN LOPEZ, MBBS
MEDICAL OFFICER

DDRC SRL Diagnostics Ltd.
V6 Square, Medical College P.O., TMM
Reg. No. 77656

Standard

HR	:	81	bpm
P	:	119	ms
PR	:	163	ms
QRS	:	90	ms
QT/QTc	:	375/437	ms
P/RS/T	:	55/56/2	°
RV5/SVI	:	0.942/0.568	mV

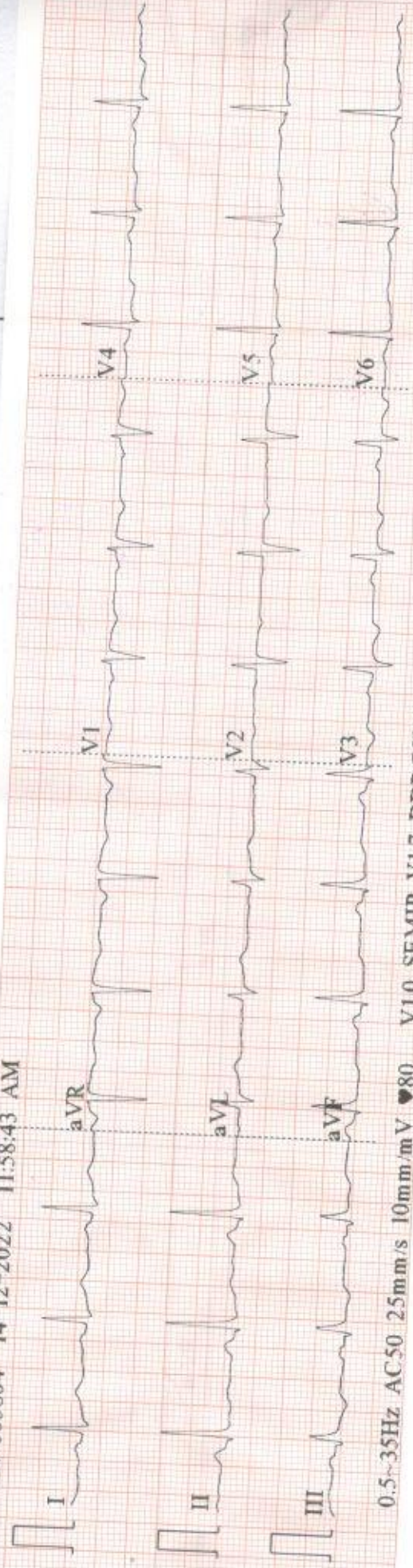
Report Confirmed by:



Arrow

Standard	L I	L II	L III	L III Inspiration

ID: 005804 14-12-2022 11:58:43 AM



0.5-35Hz AC:50 25mm/s 10mm/mV ♡80 V1.0 SEMIP V1.7 DDRCSRL
A₁-A₂-W CE

ECHO REPORT

Name: ARYA ANAND	Age/Sex: 32Y/F	Date: 14/12/2022
------------------	----------------	------------------

Left Ventricle:-

	Diastole	Systole
IVS	1.06cm	1.13cm
LV	4.09cm	2.47cm
LVPW	1.06cm	1.13cm

EF - 70% FS - 39%

AO	LA
3.03cm	3.67cm

PV - 0.94m/s
AV - 1.10m/s
MVE - 0.72m/s
MVA - 0.43m/s
E/A - 1.65

IMPRESSION:-

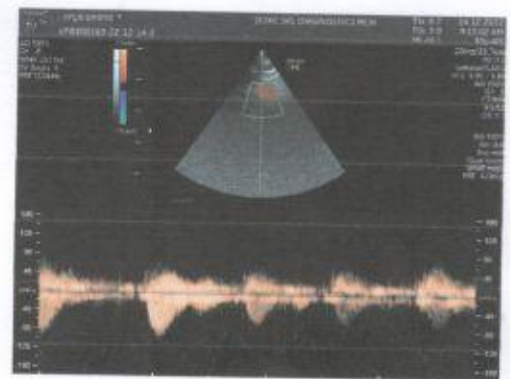
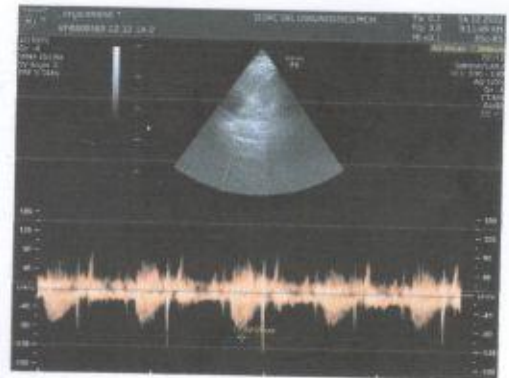
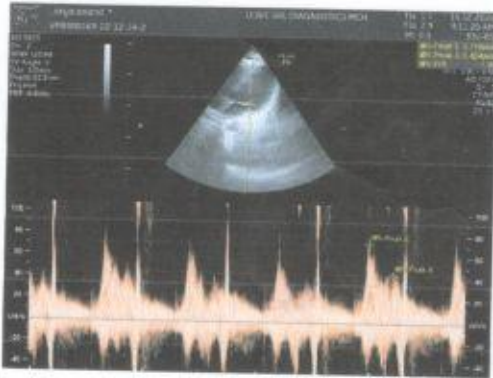
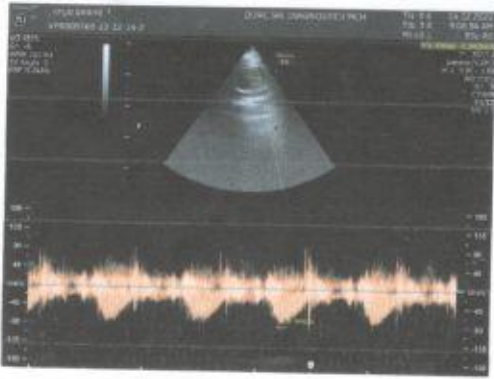
- Normal chambers dimensions
- No RWMA
- Good LV systolic function
- No diastolic dysfunction
- No AS,AR,MS,MR,TR,PAH
- No Vegetation/clot/effusion
- IAS/IVS intact





Consultant Cardiologist

DR. J. PRABAKARAN
Consulting Cardiologist
TCMC Reg No: 72354





Acc no:4182VL005804	Name: Mrs.Arya Anand	Age:32 y	Sex: Female	Date: 14.12.22
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US SCAN WHOLE ABDOMEN (TAS ONLY)

LIVER is enlarged in size (17.7 cm). Margins are regular. Hepatic parenchyma shows increased echogenicity. No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (10 mm).

GALL BLADDER is minimally distended. No pericholecystic fluid seen.

SPLEEN is normal in size (8.9 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (10.5 x 3.5 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (10.7 x 4.3 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA (upper part visualized) No retroperitoneal lymphadenopathy or mass seen.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

UTERUS measures 6.4 x 2.4 x 3.9 cm, myometrial echopattern normal. No focal lesions seen. Endometrial thickness is 2.8 mm.


Both ovaries are normal. Right ovary measures 2.9 x 1.6 cm. Left ovary measures 2.9 x 1.8 cm. No adnexal mass seen. No fluid in pouch of Douglas.

No ascites or pleural effusion.

Gaseous distension of bowel loops noted. No obvious bowel wall thickening seen sonologically

CONCLUSION:-

- **Hepatomegaly with grade I / II fatty changes - suggest LFT correlation**


Dr. Nisha Unni MD, DNB (RD)
Consultant radiologist.

Thanks for referral. Your feedback will be appreciated.
(Please bring relevant investigation reports during all visits)
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations consultations, and if required repeat imaging recommended in the event of controversies.



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>Amya Amand</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>32/F</u> Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>164</u> (cms)	b. Weight <u>75</u> (Kgs)	c. Girth of Abdomen <u>89</u> (cms)
d. Pulse Rate <u>80/m</u> (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	<u>100</u> <u>70</u>
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol

PERSONAL HISTORY

- | | |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <u>Y/N</u> | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <u>Y/N</u> |
| b. Have you undergone/been advised any surgical procedure? <u>Y/N</u> | d. Have you lost or gained weight in past 12 months? <u>Y/N</u> |

Have you ever suffered from any of the following?

- | | |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? <u>Y/N</u> | • Any disorder of Gastrointestinal System? <u>Y/N</u> |
| • Any disorders of Respiratory system? <u>Y/N</u> | • Unexplained recurrent or persistent fever, and/or weight loss <u>Y/N</u> |
| • Any Cardiac or Circulatory Disorders? <u>Y/N</u> | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <u>Y/N</u> |
| • Enlarged glands or any form of Cancer/Tumour? <u>Y/N</u> | • Are you presently taking medication of any kind? <u>Y/N</u> |
| • Any Musculoskeletal disorder? <u>Y/N</u> | |

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Seal of Medical Examiner :



Name & Seal of DDRC SRL Branch :

Date & Time :

14/12/2022

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

DDRC SRL Diagnostics Private Limited

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Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



NAME : MRS ARYA ANAND	AGE:32/F	DATE: 14/12/2022
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ECG REPORT

ELECTRO CARDIOGRAM : NSR 81/minute
No evidence of ischaemia.

➤ **IMPRESSION** : Normal Ecg.

Dr. SERIN LOPEZ, MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656



DR SERIN LOPEZ MBBS
Reg No 77656
DDRC SRL DIAGNOSTICS Services

14/12/22

Arya Arund
(Mediawheel)

Do not take me play because I have a
a feeding baby of age of 2 months.

Yours truly,
Arya Arund

Arya Arund

~~Arya Arund~~

14/12/22

Kannan. S

☪
Arya Anand
(Mediawheel)

Not interested to take the Eye test.

Joni Sultsully

Kannan. S



Arya Anand

