



భారత ప్రభుత్వము  
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

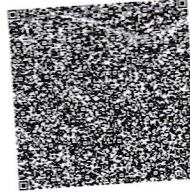
రిజిస్ట్రేషన్ సంఖ్య / Enrollment No.: 0649/56463/07111

To  
షేక్ సమీన  
Sheik Sameena  
D/O Shaik Jawahar Basha,  
4-400-B-12-4, PYARA NAGAR,  
PYARA NAGAR,  
VTC: Madanapalle,  
PO: Madanapalle,  
District: Chittoor,  
State: Andhra Pradesh,  
PIN Code: 517325,  
Mobile: 9966823200

67716863



MF677168635F1



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**3170 0273 4798**

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



Issue Date : 11/04/2012



షేక్ సమీన  
Sheik Sameena  
పుట్టిన తేదీ / DOB : 17/11/1993  
స్త్రీ / Female

**3170 0273 4798**

నా ఆధార్, నా గుర్తింపు

Name : Ms. SHEIK SAMEENA  
PID No. : MED111017590  
SID No. : 922015947  
Age / Sex : 28 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 12/03/2022 11:08 AM  
Collection On : 12/03/2022 11:16 AM  
Report On : 13/03/2022 3:46 PM  
Printed On : 16/03/2022 7:56 PM



**Investigation** **Observed Value** **Unit** **Biological Reference Interval**


## **HAEMATOLOGY**

### **Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	12.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.8	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.41	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.7	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	38.64	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	60.0	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.5	%	01 - 06

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

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.8	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.22	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.71	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.50	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	427	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.35</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	<b>32</b>	mm/hr	< 20

  
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**BIOCHEMISTRY**

**Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.3	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.8	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.4	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.3		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	23	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	35	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	74	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	17	U/L	< 38

  
DR .VANITHA.R.SWAMY MD  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	175	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	93	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)	43	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	113.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	132.0	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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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1		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)	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		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)	5.8	%	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 119.76 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)	1.30	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)	8.34	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/Chemiluminescent Microparticle Immunoassay(CMIA))	2.06	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.

  
DR SHAMIM JAVED  
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KMC 88902  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

  
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Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	0-2	/hpf	3-5
Epithelial Cells (Urine)	0-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

  
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## BIOCHEMISTRY

BUN / Creatinine Ratio	11.4		6 - 22
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.

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	114	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.7	mg/dL	0.6 - 1.1
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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)	3.8	mg/dL	2.6 - 6.0
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Positive'



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Reg No : 99049  
VERIFIED BY



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APPROVED BY

-- End of Report --

Name	MS.SHEIK SAMEENA	ID	MED111017590
Age & Gender	28Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

:2:

### OVARIES

Right ovary is enlarged in size and measures 3.5 x 1.8 x 3.6 cms, vol-12.1ml.

Left adnexa show a cyst measuring 4.6 x 4.7 x 3.5 cms, vol-40.3ml.

Left ovary is not seen separately from it.

POD is free.

No evidence of ascites.

### Impression:

- *Left ovarian simple cyst.*
- *Increased hepatic echopattern suggestive of fatty infiltration*

### CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ps/so



Name	MS.SHEIK SAMEENA	ID	MED111017590
Age & Gender	28Y/FEMALE	Visit Date	12/03/2022
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (15.6cms) 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 made out.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.8	1.8
Left Kidney	10.4	2.1

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

**UTERUS** is anteverted and has normal shape and size.  
It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness – 7.0mms.

Uterus measures as follows:

LS: 6.8cms      AP: 3.4cms      TS: 4.1cms.

..2



Name	SHEIK SAMEENA	Customer ID	MED111017590
Age & Gender	28Y/F	Visit Date	Mar 12 2022 11:06AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

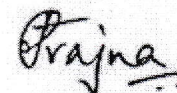
Cardiac size is within normal limits.

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. POOJA B.P

DR. SHWETHA S

DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS



TABULAR SUMMARY REPORT

MS.SHEIK SAMEENA  
ID: 111017590

28years

12-Mar-2022  
14:41:07

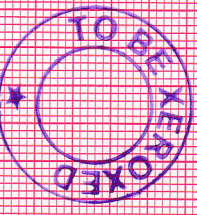
Female

Referred by: C/O MEDI WHEEL  
Test ind: IHD SCREENING

BRUCE Total Exercise time: 5:01  
Max HR: 186bpm 96% of max predicted 192bpm  
Max BP: 130/70 Maximum workload: 7.0METTS  
Reason for Termination: Patient fatigue  
Comments: MODERATE EFFORT TOLERANCE NORMAL HR AND BP RESPONSE  
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY  
NO ANGINA/ARRHYTHMIAS  
IMP-STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.  
\*\*\* NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT \*\*\*  
DR.SRIDHAR L MD,DM,FICC. CARDIOLOGIST \*\*\*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METTS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	3:01	0.8	0.0	1.6	113	120/70	136
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	155		
	STAGE 2	2:01	2.5	12.0	7.0	186	130/70	242
RECOVERY	Post	5:05	***	***	1.0	111		

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



Technician: MANJU

CLUMAX DIAGNOSTICS

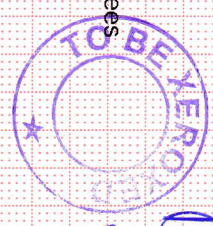
Unconfirmed

MAC55 009C



28 Years Female

QRS : 78 ms  
QT / QTcBaz : 372 / 429 ms  
PR : 182 ms  
P : 124 ms  
RR / PP : 748 / 750 ms  
P / QRS / T : 51 / 28 / 25 degrees



Dr. Srinivas

MM

WV +40°

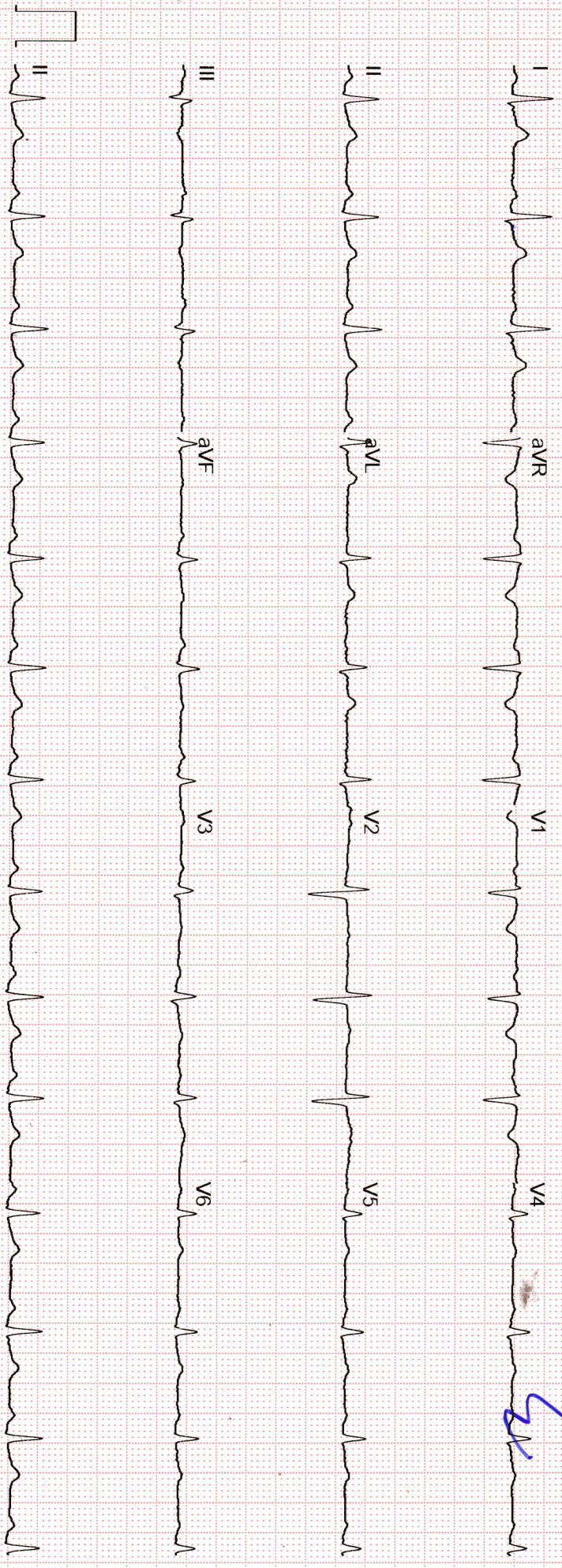
Normal ECG

Normal ECG

Dr. SRINIVAS L  
MD (Med), Interventional Cardiologist  
K.M.C. No. 132248

(Needs Clinical Correlation  
for further Management)

Technician: BHAGYA  
Ordering Ph: MEDIWHEEL  
Referring Ph: MEDIWHEEL  
Attending Ph:



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1

Unconfirmed

1/1

Customer Name	Sheik Sameera	Customer ID	111017590
Age & Gender	28 year	Visit Date	12/02/22

phone NO:- 9966823200

### Eye Screening

✓  
With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: — Normal.

Dhanu

Dr. RAVI V. HALAKATTI  
M.S. (OPHTH)  
EYE SURGEON  
Rsgd. No. 11001