



बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम  
Name

गायत्री एम तालीकोटी  
Gayatri M Talikoti


E.C. No.

169565



*Talikoti*

धारक के हस्ताक्षर  
Signature of Holder

  
जारीकर्ता प्राधिकारी  
Issuing Authority

Name : Ms. GAYATRI M TALIKOTI  
PID No. : MED111017508  
SID No. : 922015933  
Age / Sex : 35 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 12/03/2022 10:43 AM  
Collection On : 12/03/2022 10:56 AM  
Report On : 14/03/2022 1:40 PM  
Printed On : 16/03/2022 7:54 PM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|


## HAEMATOLOGY

### Complete Blood Count With - ESR

|   |       |             |              |
|---|-------|-------------|--------------|
| Haemoglobin<br>(EDTA Blood/Spectrophotometry)   | 11.8  | g/dL        | 12.5 - 16.0  |
| Packed Cell Volume(PCV)/Haematocrit<br>(EDTA Blood/Derived from Impedance)              | 36.5  | %           | 37 - 47      |
| RBC Count<br>(EDTA Blood/Impedance Variation)   | 4.17  | mill/cu.mm  | 4.2 - 5.4    |
| Mean Corpuscular Volume(MCV)<br>(EDTA Blood/Derived from Impedance)                     | 88.0  | fL          | 78 - 100     |
| Mean Corpuscular Haemoglobin(MCH)<br>(EDTA Blood/Derived from Impedance)                | 28.4  | pg          | 27 - 32      |
| Mean Corpuscular Haemoglobin concentration(MCHC)<br>(EDTA Blood/Derived from Impedance) | 32.5  | g/dL        | 32 - 36      |
| RDW-CV<br>(EDTA Blood/Derived from Impedance)   | 18.5  | %           | 11.5 - 16.0  |
| RDW-SD<br>(EDTA Blood/Derived from Impedance)   | 56.98 | fL          | 39 - 46      |
| Total Leukocyte Count (TC)<br>(EDTA Blood/Impedance Variation)                          | 5900  | cells/cu.mm | 4000 - 11000 |
| Neutrophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 66.0  | %           | 40 - 75      |
| Lymphocytes<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 25.2  | %           | 20 - 45      |
| Eosinophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 0.4   | %           | 01 - 06      |

  
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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| Monocytes<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                       | 7.8                   | %                         | 01 - 10                              |
| Basophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                       | 0.6                   | %                         | 00 - 02                              |
| Absolute Neutrophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)       | 3.89                  | 10 <sup>3</sup> / $\mu$ l | 1.5 - 6.6                            |
| Absolute Lymphocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)       | 1.49                  | 10 <sup>3</sup> / $\mu$ l | 1.5 - 3.5                            |
| Absolute Eosinophil Count (AEC)<br>(EDTA Blood/Impedance Variation & Flow Cytometry) | <b>0.02</b>           | 10 <sup>3</sup> / $\mu$ l | 0.04 - 0.44                          |
| Absolute Monocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)         | 0.46                  | 10 <sup>3</sup> / $\mu$ l | < 1.0                                |
| Absolute Basophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)         | 0.04                  | 10 <sup>3</sup> / $\mu$ l | < 0.2                                |
| Platelet Count<br>(EDTA Blood/Impedance Variation)                                   | 199                   | 10 <sup>3</sup> / $\mu$ l | 150 - 450                            |
| MPV<br>(EDTA Blood/Derived from Impedance)   | 10.6                  | fL                        | 8.0 - 13.3                           |
| PCT<br>(EDTA Blood/Automated Blood cell Counter)                                     | 0.21                  | %                         | 0.18 - 0.28                          |
| ESR (Erythrocyte Sedimentation Rate)<br>(EDTA Blood/Modified Westergren)             | 4                     | mm/hr                     | < 20                                 |

  
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## BIOCHEMISTRY

### Liver Function Test

|  |     |       |           |
|--|-----|-------|-----------|
| Bilirubin(Total)<br>(Serum/Diazotized Sulfanilic Acid)               | 0.5 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct)<br>(Serum/Diazotized Sulfanilic Acid)              | 0.2 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect)<br>(Serum/Derived)                               | 0.3 | mg/dL | 0.1 - 1.0 |
| Total Protein<br>(Serum/Biuret)                                      | 6.8 | gm/dL | 6.0 - 8.0 |
| Albumin<br>(Serum/Bromocresol green)                                 | 4.5 | gm/dL | 3.5 - 5.2 |
| Globulin<br>(Serum/Derived)  | 2.3 | gm/dL | 2.3 - 3.6 |
| A : G Ratio<br>(Serum/Derived)                                       | 2.0 |       | 1.1 - 2.2 |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/IFCC Kinetic)        | 39  | U/L   | 5 - 40    |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/IFCC / Kinetic)        | 21  | U/L   | 5 - 41    |
| Alkaline Phosphatase (SAP)<br>(Serum/IFCC Kinetic)                   | 71  | U/L   | 42 - 98   |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/SZASZ standarised IFCC) | 17  | U/L   | < 38      |

A handwritten signature in black ink, appearing to read "Shamim Javed".

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|--|-----------------------|-------------|---|
| <u>Lipid Profile</u>   |                       |             |   |
| Cholesterol Total<br>(Serum/Cholesterol oxidase/Peroxidase)      | 150                   | mg/dL       | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides<br>(Serum/Glycerol phosphate oxidase / peroxidase) | 73                    | mg/dL       | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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<br>(Serum/Immunoinhibition) | 44    | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 50 - 59<br>High Risk: < 50                                   |
| LDL Cholesterol<br>(Serum/Calculated)       | 91.4  | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190      |
| VLDL Cholesterol<br>(Serum/Calculated)      | 14.6  | mg/dL | < 30   |
| Non HDL Cholesterol<br>(Serum/Calculated)   | 106.0 | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>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<br>(Serum/Calculated)        | 3.4                   |             | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio<br>(TG/HDL)<br>(Serum/Calculated) | 1.7                   |             | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0   |
| LDL/HDL Cholesterol Ratio<br>(Serum/Calculated)                      | 2.1                   |             | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0  |

  
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|--|-----------------------|-------------|---|
| <b><u>Glycosylated Haemoglobin (HbA1c)</u></b> |                       |             |   |
| HbA1C<br>(Whole Blood/HPLC)                    | 5.8                   | %           | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>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  
(Whole Blood) 119.76 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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## IMMUNOASSAY

### THYROID PROFILE / TFT

|   |      |       |            |
|---|------|-------|------------|
| T3 (Triiodothyronine) - Total<br>(Serum/CMIA) | 1.33 | 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<br>(Serum/CMIA) | 8.16 | 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)<br>(Serum/Chemiluminescent Microparticle<br>Immunoassay(CMIA)) | 2.15 | 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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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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)           | 5.0      |  | 4.5 - 8.0     |
| Specific Gravity (Urine)                    | 1.020    |  | 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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Reg No : 99049

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

  
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**BIOCHEMISTRY**

|   |      |       |  |
|---|------|-------|--|
| BUN / Creatinine Ratio                          | 11.4 |       | 6 - 22   |
| Glucose Fasting (FBS)<br>(Plasma - F/GOD - POD) | 81   | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>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<br>(Urine - F)                 | Negative |       | Negative |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/GOD - POD) | 96       | 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.

|  |                  |       |           |
|--|------------------|-------|-----------|
| Glucose Postprandial - Urine<br>(Urine - PP)     | Sample Not Given |       | Negative  |
| Blood Urea Nitrogen (BUN)<br>(Serum/Urease-GLDH) | 8                | mg/dL | 7.0 - 21  |
| Creatinine<br>(Serum/Jaffe Kinetic)              | 0.7              | 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<br>(Serum/Uricase/Peroxidase) | 4.0 | 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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-- End of Report --

|              |                       |            |              |
|--------------|-----------------------|------------|--------------|
| Name         | MS.GAYATRI M TALIKOTI | ID         | MED111017508 |
| Age & Gender | 35Y/FEMALE            | Visit Date | 12/03/2022   |
| Ref Doctor   | MediWheel             |            |              |

:2:

**OVARIES** are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.6 x 1.5 cms.

Left ovary: 2.6 x 1.4 cms.

POD & adnexa are free.

No evidence of ascites.

**Impression: Essentially normal study.**

**CONSULTANT RADIOLOGISTS:**

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P

Hbp/so



|              |                       |            |              |
|--------------|-----------------------|------------|--------------|
| Name         | MS.GAYATRI M TALIKOTI | ID         | MED111017508 |
| Age & Gender | 35Y/FEMALE            | Visit Date | 12/03/2022   |
| Ref Doctor   | MediWheel             |            |              |

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform 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 | 8.8                  | 1.3                         |
| Left Kidney  | 8.9                  | 1.3                         |

**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 – 4.9mms.

Uterus measures as follows:

LS: 7.9cms      AP: 3.3cms      TS: 4.3cms.

..2



|              |                    |             |                     |
|--------------|--------------------|-------------|---------------------|
| Name         | GAYATRI M TALIKOTI | Customer ID | MED111017508        |
| Age & Gender | 35Y/F              | Visit Date  | Mar 12 2022 10:42AM |
| Ref Doctor   | MediWheel          |             |                     |

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

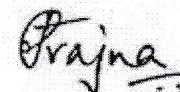
Cardiac size is within normal limits.

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



TABLE SUMMARY REPORT

MS. GAYATRI M., TALIKOTI  
ID: MED

35years

12-Mar-2022  
12:53:29

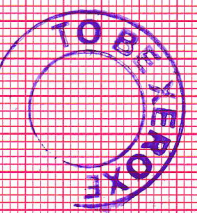
Female

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

BRUCE Total Exercise time: 8:00  
Max HR: 166bpm 89% of max predicted 185bpm  
Max BP: 130/70 Maximum workload: 10.1METS  
Reason for Termination: Patient fatigue  
Comments: GOOD 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, FIC, CARDIOLOGIST \*\*\*

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (x100) |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|------------|
| PRETEST    | SUPINE     | 5:27          | 0.8         | 0.0       | 1.6             | 106      | 110/70    | 117        |
| EXERCISE   | STAGE 1    | 3:00          | 1.7         | 10.0      | 4.6             | 125      | 120/70    | 150        |
|            | STAGE 2    | 3:00          | 2.5         | 12.0      | 7.0             | 131      | 130/70    | 170        |
|            | STAGE 3    | 2:00          | 3.4         | 14.0      | 10.1            | 166      | 130/70    | 216        |
| RECOVERY   | Post       | 4:53          | ***         | ***       | 1.0             | 87       | 120/70    | 104        |

DR. SRIDHAR L.  
MD (Med), DM (Cardio), FIC  
Interventional Cardiologist  
K.M.C. No. 32248

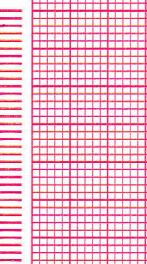


Technician: MANJU

CLUMAX DIAGNOSTICS

Unconfirmed

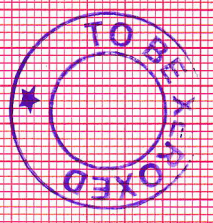
MAC55 009C





MS.GAYATRI M, TALKKOTI  
ID: MEID

12-Mar-2022  
12:58:21



74bpm  
BP: 110/70  
PRETEST SUPINE 4:52  
ST @ 10mm/mV  
80ms postJ

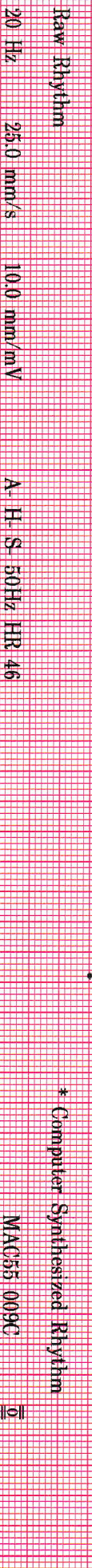
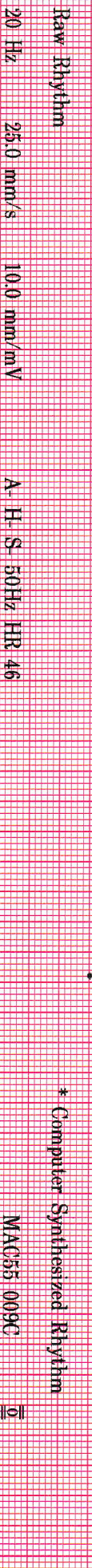
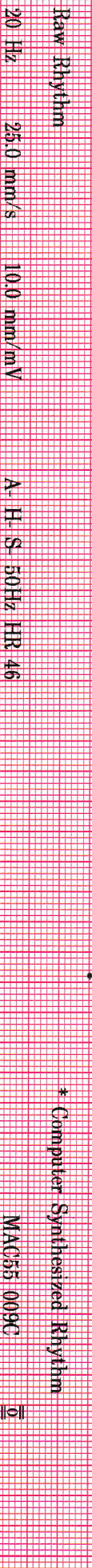
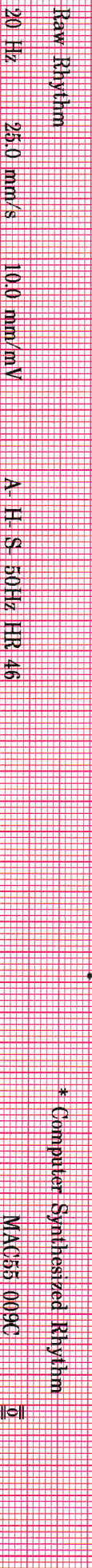
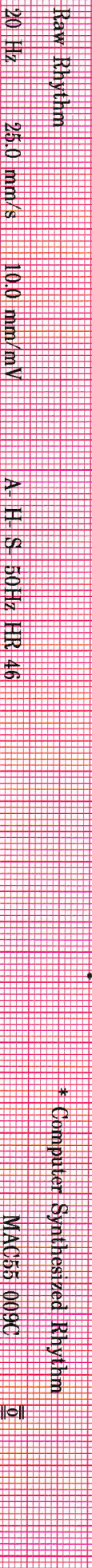
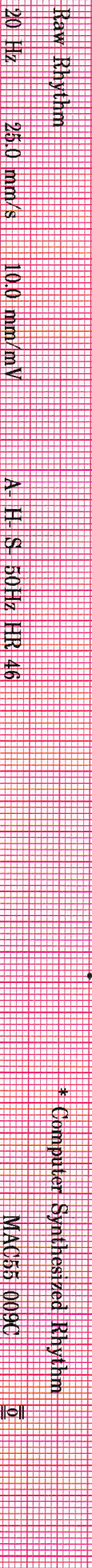
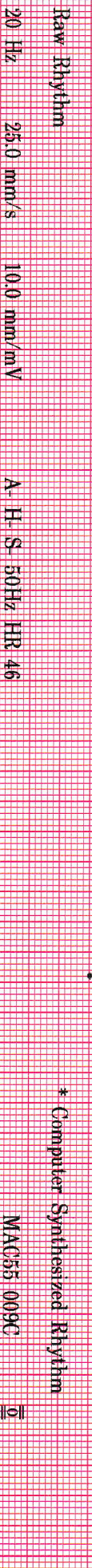
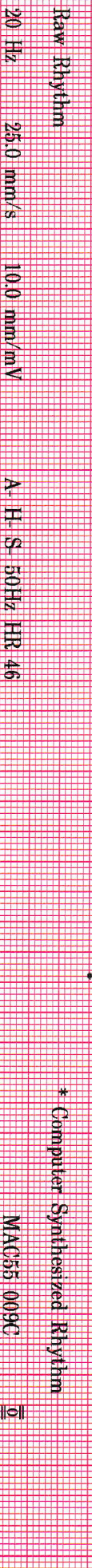
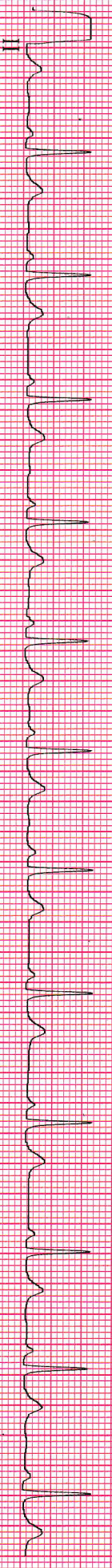
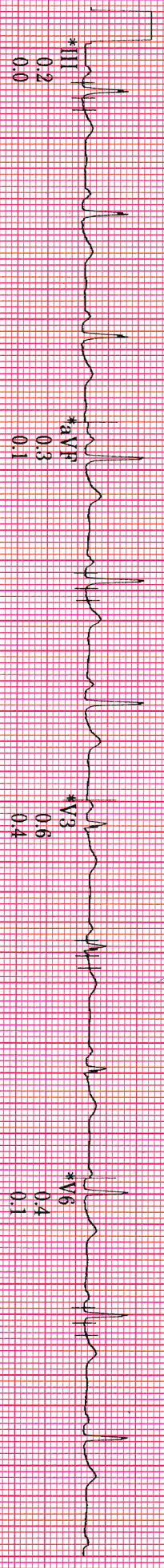
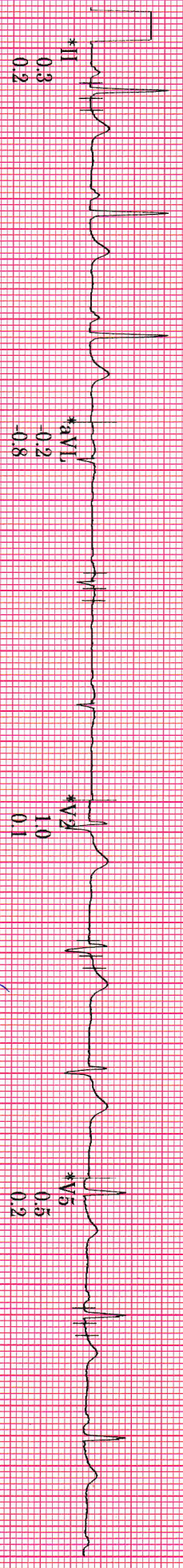
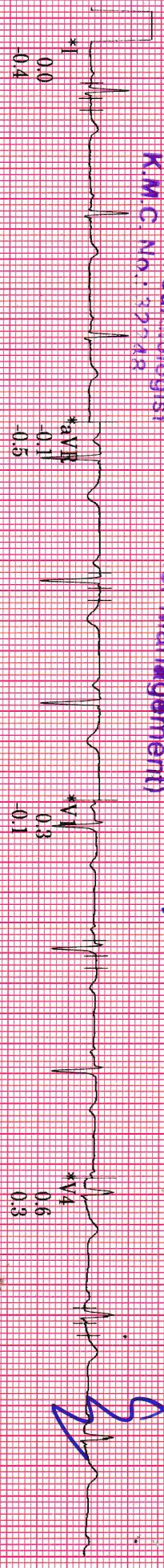
BRUCE  
\*\*\*mph  
\*\*\*%

Lead  
ST(mm)  
Slope(mV/s)

DR. SRIDHAR J.  
MD.(Med), DM(Cardiol), FICG  
Interventional Cardiologist  
K.M.C. No. 3224A

(Needs Clinical Correlation  
for further Management)

HR-74bpm  
WM  
WM + 70°  
Normal STs  
S



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm  
MAC55 009C

|               |                     |             |           |
|---------------|---------------------|-------------|-----------|
| Customer Name | Gajapati M Talikoti | Customer ID | 111017508 |
| Age & Gender  | 35 / F              | Visit Date  | 12/3/2022 |

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

*Dr. Ravi V. Halakatti*

Dr. RAVI V. HALAKATTI  
M.S. (OPHTH)  
EYE SURGEON  
Regd. No. 11801