PATIENT NAME : DIVYA M		**REF. DOCTOR :** DR. A M ANTO
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

TREADMILL TEST

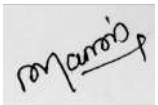
TREADMILL TEST	COMPLETED		

OPTHAL

OPTHAL	COMPLETED		

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION	COMPLETED		



MANJU SHAJI
RADIOGRAPHER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ECG WITH REPORT

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

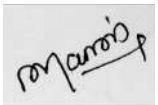
REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED



MANJU SHAJI
RADIOGRAPHER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

HAEMATOLOGY - CBC

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	**10.7 Low**	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.69	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	5.57	4.0 - 10.0	thou/µL
PLATELET COUNT	290	150 - 410	thou/µL

Comments

RECHECKED

RBC AND PLATELET INDICES			
HEMATOCRIT	**32.6 Low**	36 - 46	%
MEAN CORPUSCULAR VOL	**69.5 Low**	83 - 101	fL
MEAN CORPUSCULAR HGB.	**22.7 Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.7	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	**16.0 High**	11.6 - 14.0	%
MENTZER INDEX	14.8		
MEAN PLATELET VOLUME	7.7	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	58	40 - 80	%
LYMPHOCYTES	35	20 - 40	%
MONOCYTES	02	2 - 10	%
EOSINOPHILS	05	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.23	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.95	1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT	**0.11 Low**	0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.28	0.02 - 0.50	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.7		
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	17	0 - 20	mm at 1 hr

DR. SINDHU GEORGE
QUALITY MANAGER

SREEDEVI MP
LAB TECHNOLOGIST

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units
SUGAR URINE - POST PRANDIAL		
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED
SUGAR URINE - FASTING		
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED

Interpretation(s)
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
(<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, Vasculities, 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: Polycythermia 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

DR. SINDHU GEORGE
QUALITY MANAGER

SREEDEVI MP
LAB TECHNOLOGIST

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

IMMUNOHAEMATOLOGY

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	O	
METHOD : GEL CARD METHOD		
RH TYPE	POSITIVE	

Interpretation(s)
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.

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

BIO CHEMISTRY

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	5	Adult(<60 yrs) : 6 to 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	8.0		
CREATININE, SERUM			
CREATININE	0.62	18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	101	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE FASTING,FLUORIDE PLASMA			
GLUCOSE, FASTING, PLASMA	93	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.7	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	**116.9 High**	< 116.0	mg/dL
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL	0.38	General Range : < 1.1	mg/dL

DR. SINDHU GEORGE
QUALITY MANAGER

ASWATHY E S
LAB TECHNOLOGIST

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	**Results**		**Units**
BILIRUBIN, DIRECT	0.14	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.24	0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.4	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.7	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.7	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.7	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	Adults : < 34	U/L
ALKALINE PHOSPHATASE	66	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	12	Adult (female) : < 40	U/L
URIC ACID, SERUM			
URIC ACID	4.0	Adults : 2.4-5.7	mg/dL

Interpretation(s)
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include 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-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE:
While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

DR. SINDHU GEORGE
QUALITY MANAGER

ASWATHY E S
LAB TECHNOLOGIST

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

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 patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/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 addiction 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 paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
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,Multiple Sclerosis

DR. SINDHU GEORGE
QUALITY MANAGER

ASWATHY E S
LAB TECHNOLOGIST

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

BIOCHEMISTRY - LIPID

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

LIPID PROFILE, SERUM

CHOLESTEROL	214	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	70	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	60	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	149	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**154 High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	14.0	< or = 30.0	mg/dL
CHOL/HDL RATIO	3.6	3.30 - 4.40	
LDL/HDL RATIO	2.5	0.5 - 3.0	

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

ASWATHY E S
LAB TECHNOLOGIST

DR. SINDHU GEORGE
QUALITY MANAGER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction.Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category		
Extreme risk group	A.CAD with > 1 feature of high risk group	
	B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease	
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia	
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/= 50mg/dl 8. Non stenotic carotid plaque	
Moderate Risk	2 major ASCVD risk factors	
Low Risk	0-1 major ASCVD risk factors	
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors		
1. Age > or = 45 years in males and > or = 55 years in females		3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD		4. High blood pressure
5. Low HDL		

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	**Treatment Goals**		**Consider Drug Therapy**	
	LDL-C (mg/dl)	**Non-HDL (mg/dl)**	**LDL-C (mg/dl)**	**Non-HDL (mg/dl)**
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

ASWATHY E S
LAB TECHNOLOGIST

DR. SINDHU GEORGE
QUALITY MANAGER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M		**REF. DOCTOR :** DR. A M ANTO
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	**Results**	**Units**

ASWATHY E S
LAB TECHNOLOGIST

DR. SINDHU GEORGE
QUALITY MANAGER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

SPECIALISED CHEMISTRY - HORMONE

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

THYROID PANEL, SERUM

T3	91.90	Non-Pregnant : 60-181 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
T4	7.20	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	1.320	(Non Pregnant) : 0.4 - 4.2 Pregnant(Trimester wise) 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

Interpretation(s)

Triiodothyronine T3 , **Thyroxine T4,** and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4**.**

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism

ASWATHY E S
LAB TECHNOLOGIST

DR. SINDHU GEORGE
QUALITY MANAGER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

ASWATHY E S
LAB TECHNOLOGIST

DR. SINDHU GEORGE
QUALITY MANAGER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

CLINICAL PATH - URINALYSIS

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	**SLIGHTLY HAZY**		
CHEMICAL EXAMINATION, URINE			
PH	6.5	4.7 - 7.5	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	**15-20**	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	DETECTED (OCCASIONAL)	NOT DETECTED	

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis

SREEDEVI MP
LAB TECHNOLOGIST

DR. SINDHU GEORGE
QUALITY MANAGER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

SREEDEVI MP
LAB TECHNOLOGIST

DR. SINDHU GEORGE
QUALITY MANAGER

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M	**REF. DOCTOR :** DR. A M ANTO	
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

CLINICAL PATH - STOOL ANALYSIS

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

PHYSICAL EXAMINATION,STOOL			
COLOUR	BROWN		
CONSISTENCY	SEMI FORMED		
MUCUS	ABSENT	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
MICROSCOPIC EXAMINATION,STOOL			
PUS CELLS	0-1		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		

Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointentestinal tract like infection, malabsorption, etc.The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days.Stool specimens for parasitic examination should be collected before initiation of antidiarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects& reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.

DR. SINDHU GEORGE
QUALITY MANAGER

SREEDEVI MP
LAB TECHNOLOGIST

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081

PATIENT NAME : DIVYA M		REF. DOCTOR : DR. A M ANTO
CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : **4177WB000309** PATIENT ID : DIVYF0402914177 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Female DRAWN : RECEIVED : 04/02/2023 09:00:01 REPORTED : 05/02/2023 15:56:38

Test Report Status **Final**	Results	Units

Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

1. **Stool Culture**:- This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
2. **Fecal Calprotectin**: It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
3. **Fecal Occult Blood Test(FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
4. **Clostridium Difficile Toxin Assay**: This test is strongly recommended in healthcare associated bloody or waterydiarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
5. **Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentry, Rice watery Stool, FDA approved, Biofire Film Array Test,(Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria,fungi,virus ,parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.
6. **Rota Virus Immunoassay**: This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomitting& abdominal cramps. Adults are also affected. It is highly contagious in nature.

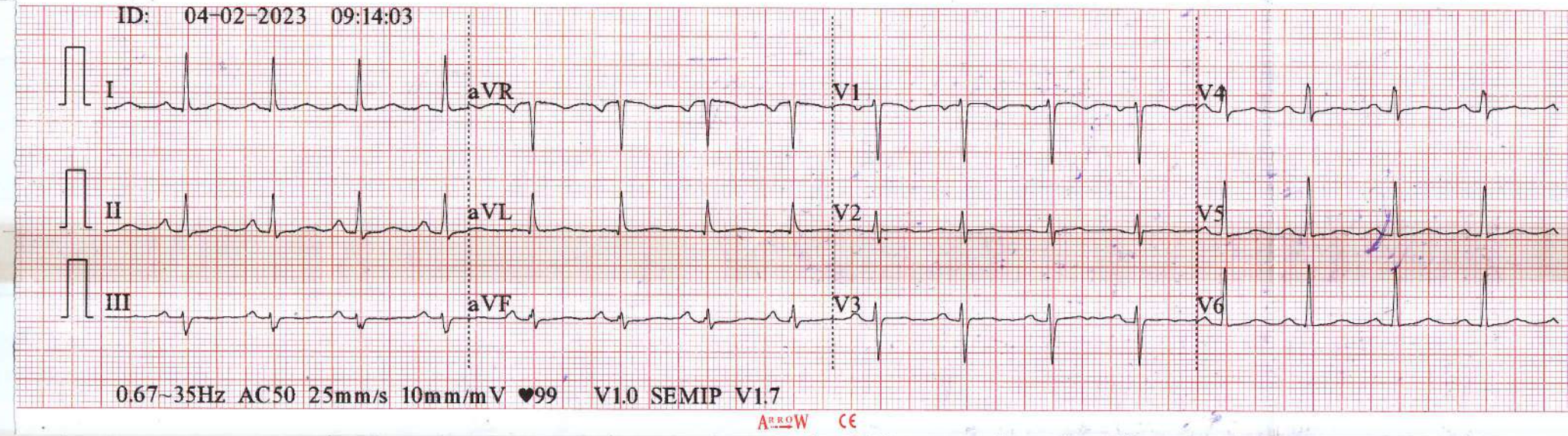
DR. SINDHU GEORGE
QUALITY MANAGER

SREEDEVI MP
LAB TECHNOLOGIST

View Details View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Patient Ref. No. 666000003272081


ID: 04-02-2023 09:14:03
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
0.67~35Hz AC50 25mm/s 10mm/mV ♥99 V1.0 SEMIP V1.7
ARROW CE

ID:

Female / mmHg
32Years
cm kg

ecg shows tachycardia essentially WNL

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V3,V4)

HR	: 100	bpm
P	: 104	ms
PR	: 158	ms
QRS	: 71	ms
QT/QTc	: 354/458	ms
P/QRS/T	: 59/6/31	°
RV5/SV1	: 0.896/0.949	mV

Report Confirmed by:

DIAGNOSTICS LTD. DDRC SRL ASHWINI JUNCTION
SITARAM TEJAL
THRISSUR
680 022

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

To

DDRC SRL

Thrissur

Dear Sir / Madam,

I hereby request you to exclude me from X ray check up as part of full body checkup as I am planning for pregnancy and my periods is missed.

Thanking you.

Yours faithfully

Divya M

04/02/23

DDRC SRL DIAGNOSTICS LTD. SITARAM TEJAL THRISSUR 680 022 ASHWINI JUNCTION

VISION CERTIFICATE

This is to certify that...Mrs. Divya. M ..... 32/F.....has been examined and results are as follows

		Right Eye	Left Eye
Distant Vision	:	6/6	6/6
Near vision	:	N6	N6
IOP(Intra ocular pressure)	:	17 mmhg (WNL)	17 mmhg
Anterior segment	:	Normal	Normal
Fundus	:	Normal	Normal
Squint	:	Nil	Nil
Colour Vision	:	Normal	Normal

Doctor's Signature

Place : Thrissur

Date : 04/02/23

DRISHYAM EYE CARE HOSPITAL LLP * THRISSUR

Dr. SURYA SURENDRAN
MBBS/DO
Reg. No: 38632

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

LABORATORY SERVICES

Patient Name: MRS. DIVYA M	**Age: 32 Y**	**Sex: Female**
Ref. Consultant:	**AC No: 4177WB000309**	**Date : 04.02.2023**
Clinical details:		

USG ABDOMEN

Liver measures 11.8 cm, normal in size and echotexture. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is distended and **shows a small solitary 3.5 mm calculus within the lumen.** No evidence of abnormal GB wall thickening / pericholecystic edema seen.

Spleen measures 6.8 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail is obscured.

Right kidney measures 8.9 x 3.7 cm and left kidney measures 9.1 x 4.6 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.

Urinary bladder is distended and appears normal. No calculus or mass seen.

Uterus is anteverted and measures 8.1 x 3.8 x 4.9 cm, normal in size and echotexture. No focal myometrial lesions. Endometrial thickness measures 3.5 mm, cavity is empty.

Dominant follicle measuring 15 x 12 mm in the right ovary. Right ovary measures 11 cc in volume, bulky in size and left ovary measures 4 cc in volume, normal in size. **Both ovaries show background polycystic appearance.**

No adnexal mass seen. No free fluid noted in POD.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

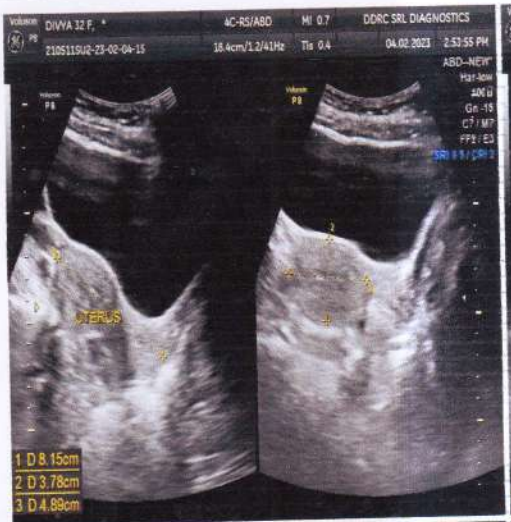
IMPRESSION

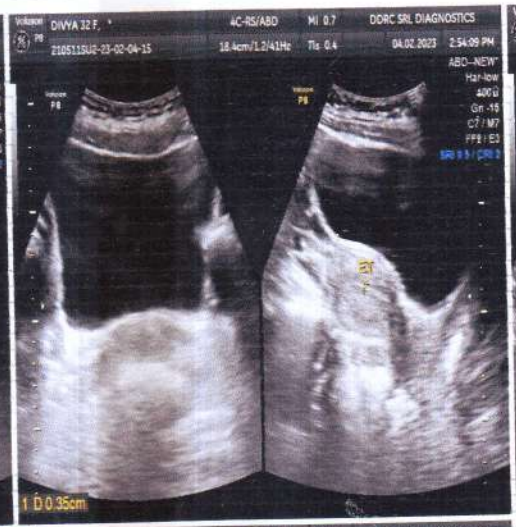
- **Small GB calculus. No evidence to suggest cholecystitis.**
- **Dominant follicle in the right ovary.**
- **Background polycystic appearance of both ovaries-** ***Correlate clinically.***

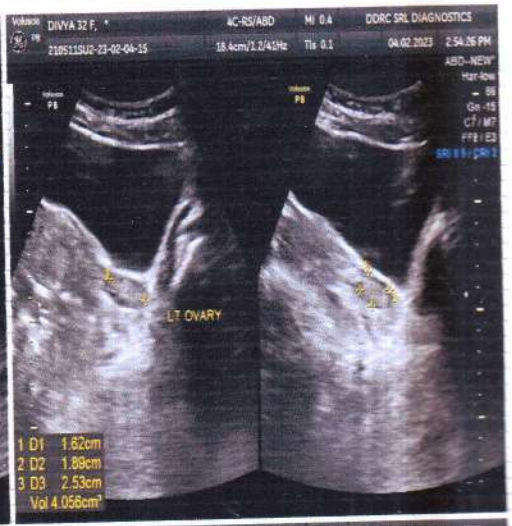
DR. JESWIN PAULSON DMRD
CONSULTANT RADIOLOGIST

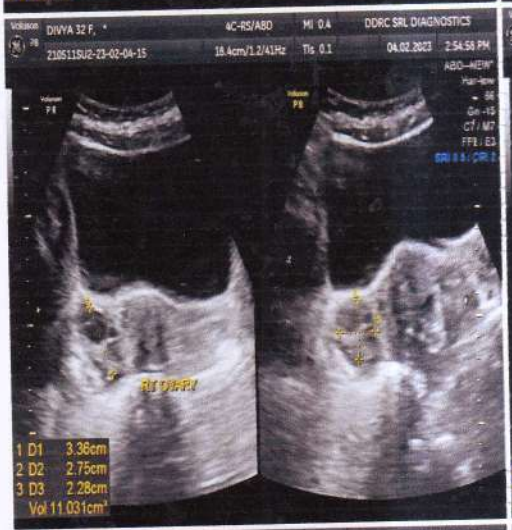
Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated with relevant investigations.

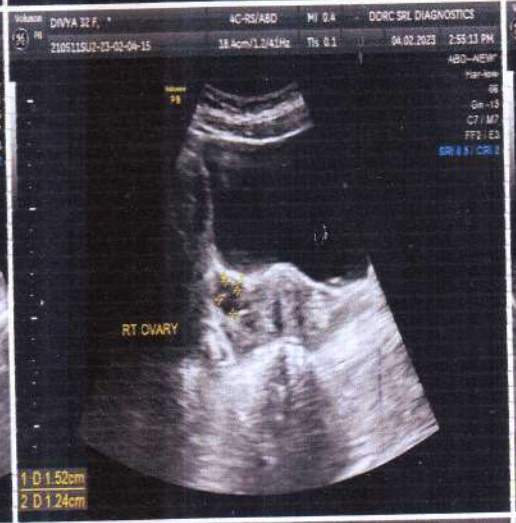
Patient name	Mrs. DIVYA 32 F	Age/Sex	32 Years / Female
Patient ID	210511SU2-23-02-04-15	Visit No	1
Referred by	Dr. SELF	Visit Date	04/02/2023

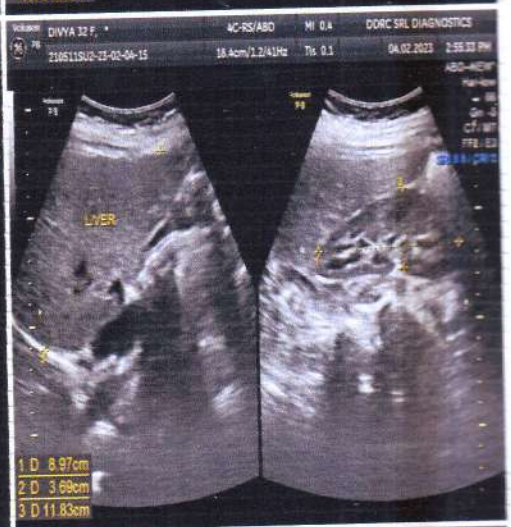


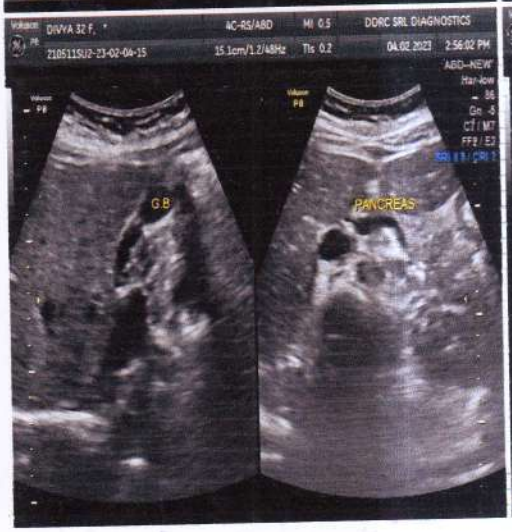


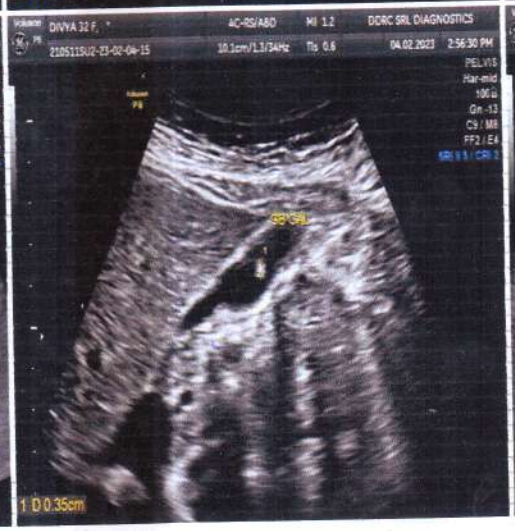


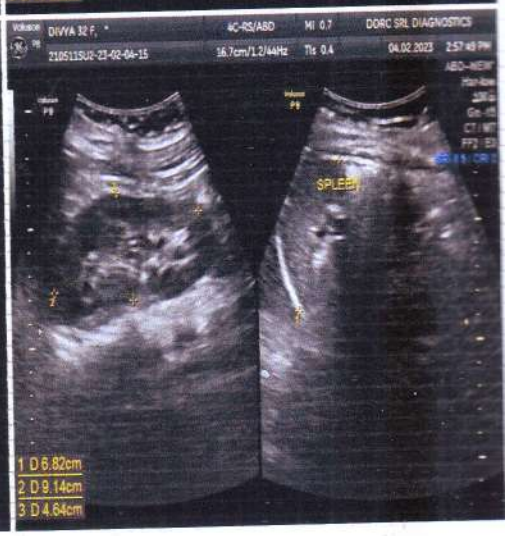












ഭാരത സർക്കാർ
Unique Identification Authority of India
Government of India

എന്റോൾമെന്റ് നമ്പർ / Enrollment No.: 2003/30606/70784

To
ദിവ്യ എം
Divya M
W/O: Rajeev K V
Raj Nivas Perumudiyoor
Pattambi
Muthuthala
Perumudiyur
Ottappalam Palakkad
Kerala 679303

2458790952
29/04/2018

MP458790952FT

നിങ്ങളുടെ ആധാർ നമ്പർ / Your Aadhaar No. :

9775 9358 3605

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം

ഭാരത സർക്കാർ
Government of India

ദിവ്യ എം
Divya M
ജനന തീയതി / DOB : 06/11/1990
സ്ത്രീ / Female

9775 9358 3605

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം

DDRC SRL DIAGNOSTICS LTD.
SITARAM TEJAL
THRISSUR
680 022
ASHWINI JUNCTION

Age: 32

8547254304

Divya M
Dlyo

DDRC SRL

DIVYA M (32 F)

Protocol: Bruce

ID: 26330

Stage: Supine

Date: 04-Feb-23

Speed: 0 Km/h

Exec Time : 0 m 0 s

Grade: 0 %

Stage Time : 0 m 30 s

(THR: 169 bpm)

HR: 91 bpm

B.P: 110 / 80

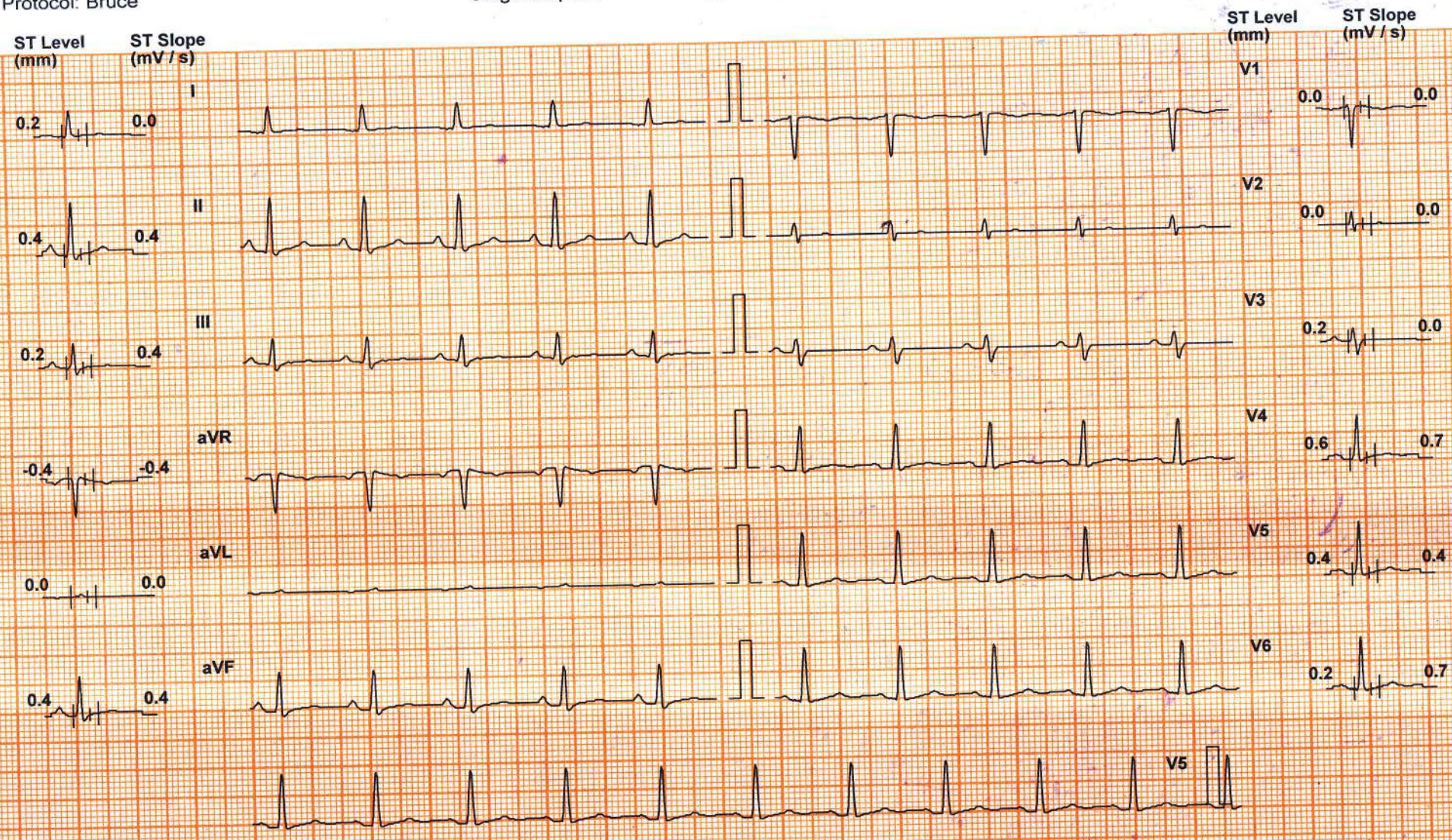


Chart Speed: 25 mm/sec

Schiller CS-20 V 1.4

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Linked Median

Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*

DDRC SRL

DIVYA M (32 F)

ID: 26330

Date: 04-Feb-23 Exec Time : 0 m 0 s Stage Time : 0 m 31 s ***HR: 115 bpm***

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h Grade: 0 % (THR: 169 bpm) B.P: 110 / 80

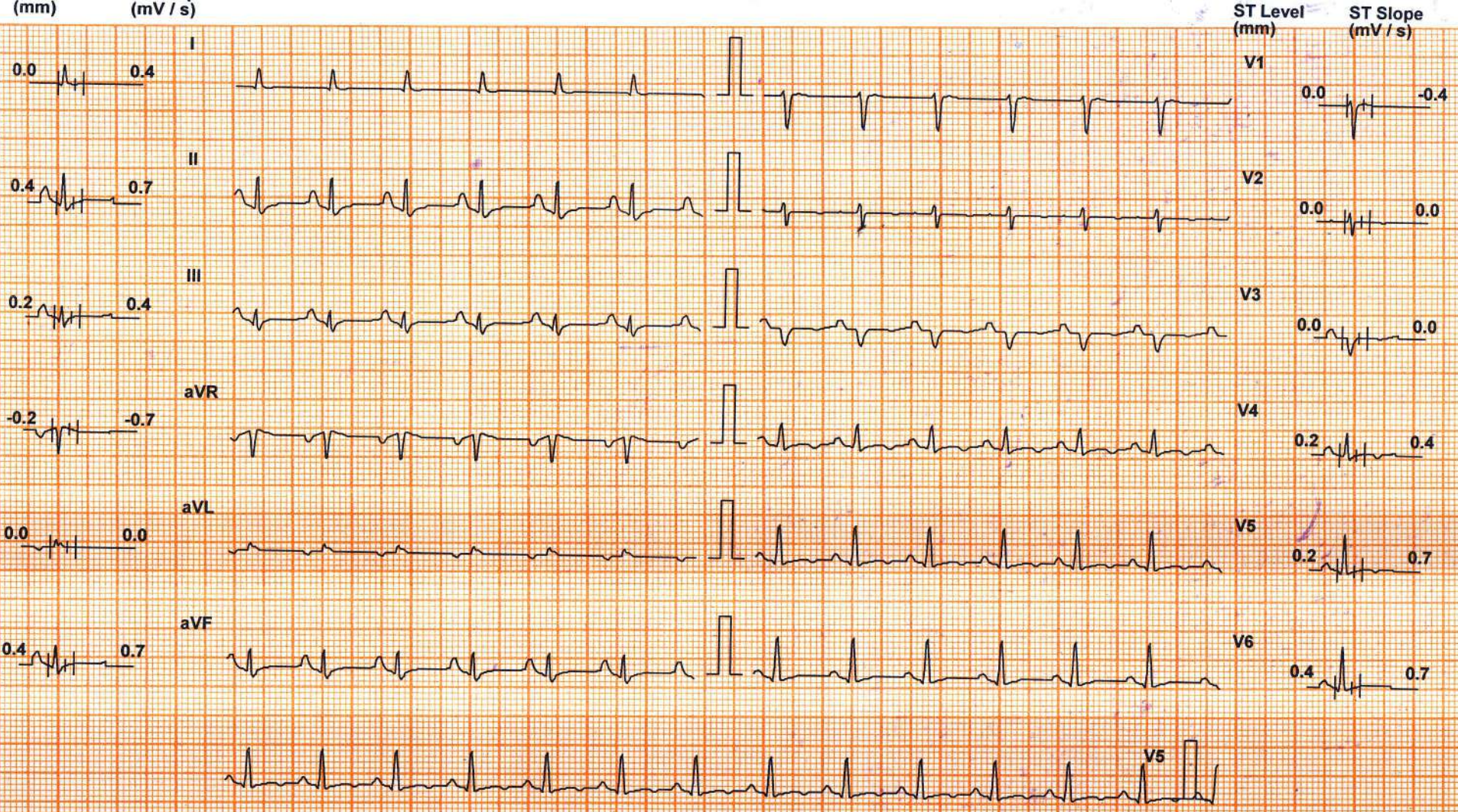


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Linked Median *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller CS-20 V 1.4

DDRC SRL

DIVYA M (32 F)

Protocol: Bruce

ID: 26330

Stage: 1

Date: 04-Feb-23 Exec Time : 3 m 0 s Stage Time : 3 m 0 s **HR: 136 bpm**

Speed: 2.7 Km/h Grade: 10 % (THR: 169 bpm) B.P: 110 / 80

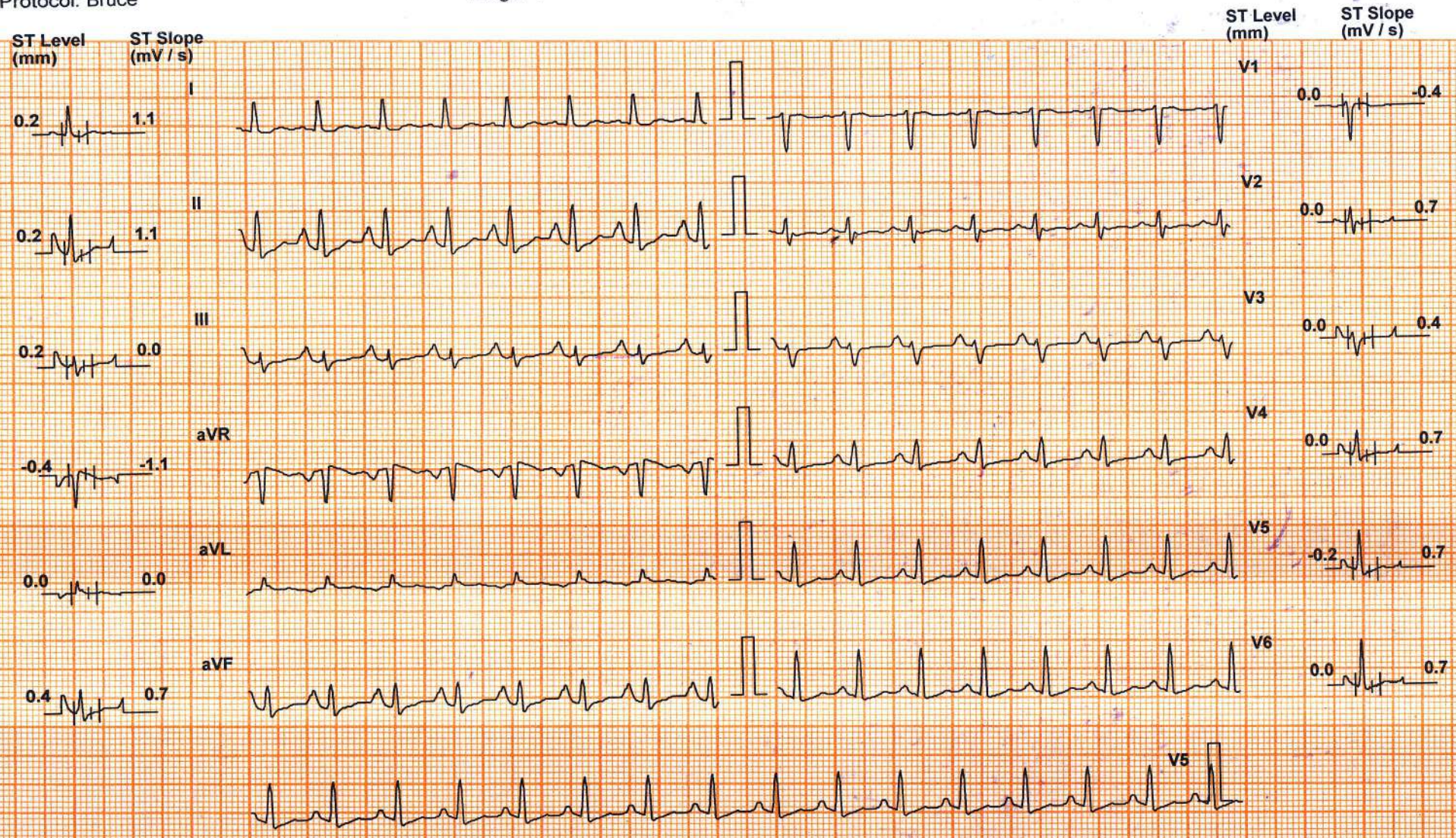


Chart Speed: 25 mm/sec

Schiller CS-20 V 1.4

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Linked Median

Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*

DDRC SRL

DIVYA M (32 F)

Protocol: Bruce

ID: 26330

Stage: 2

Date: 04-Feb-23 Exec Time : 6 m 0 s Stage Time : 3 m 0 s ***HR: 152 bpm***

Speed: 4 Km/h Grade: 12 % (THR: 169 bpm) B.P: 110 / 80

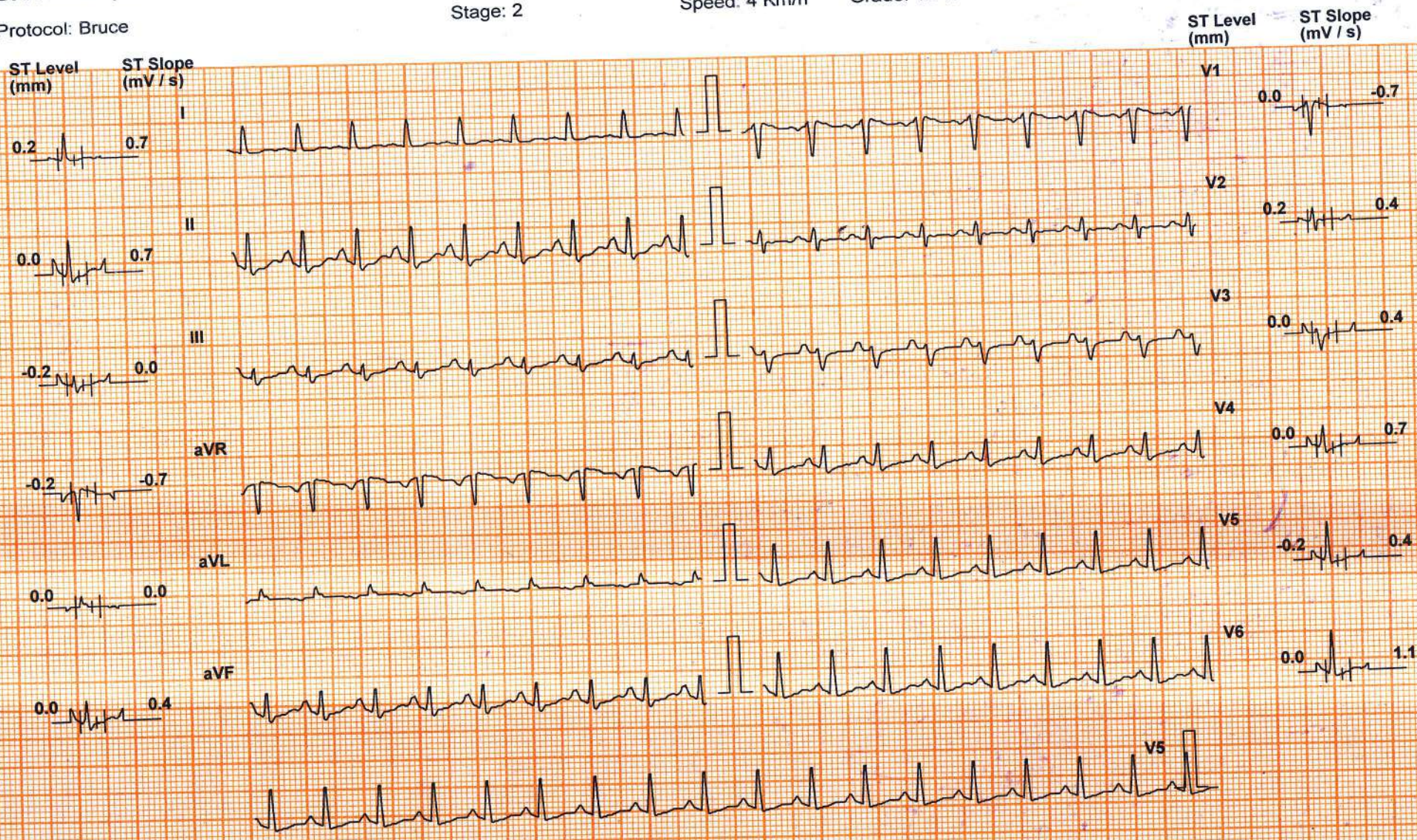


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Linked Median

Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*

Schiller CS-20 V 1.4

DDRC SRL

DIVYA M (32 F) ID: 26330 Date: 04-Feb-23 Exec Time : 8 m 8 s Stage Time : 2 m 8 s **HR: 169 bpm**

Protocol: Bruce Stage: Peak Ex Speed: 5.4 Km/h Grade: 14 % (THR: 169 bpm) B.P: 110 / 80

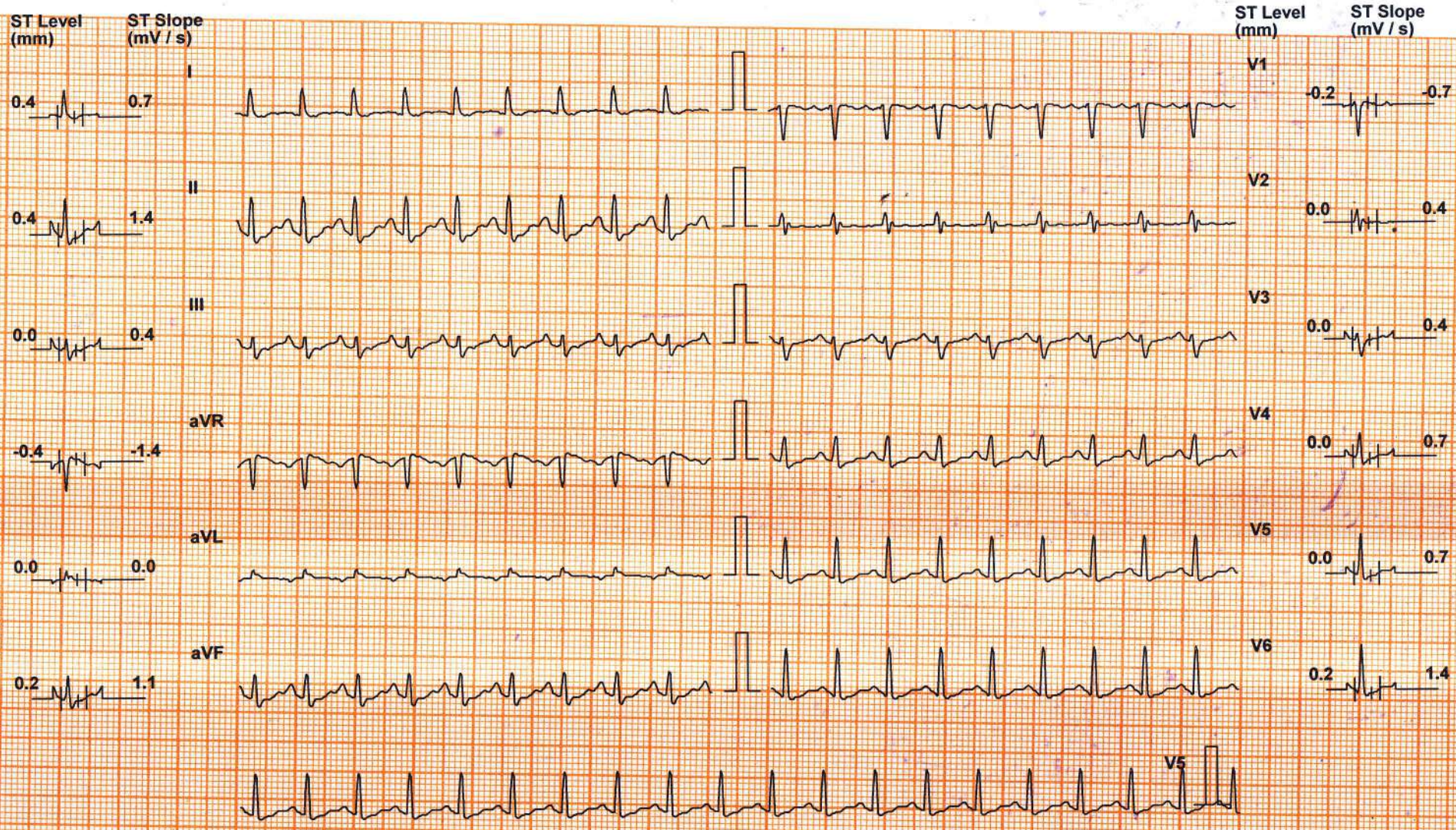


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller CS-20 V 1.4 Linked Median

DDRC SRL

DIVYA M (32 F) ID: 26330 Date: 04-Feb-23 Recovery : 2 m 0 s Stage Time : 2 m 0 s ***HR: 112 bpm***

Protocol: Bruce Stage: Recovery(1) Speed: 0 Km/h Grade: 0 % (THR: 169 bpm) B.P: 110 / 80

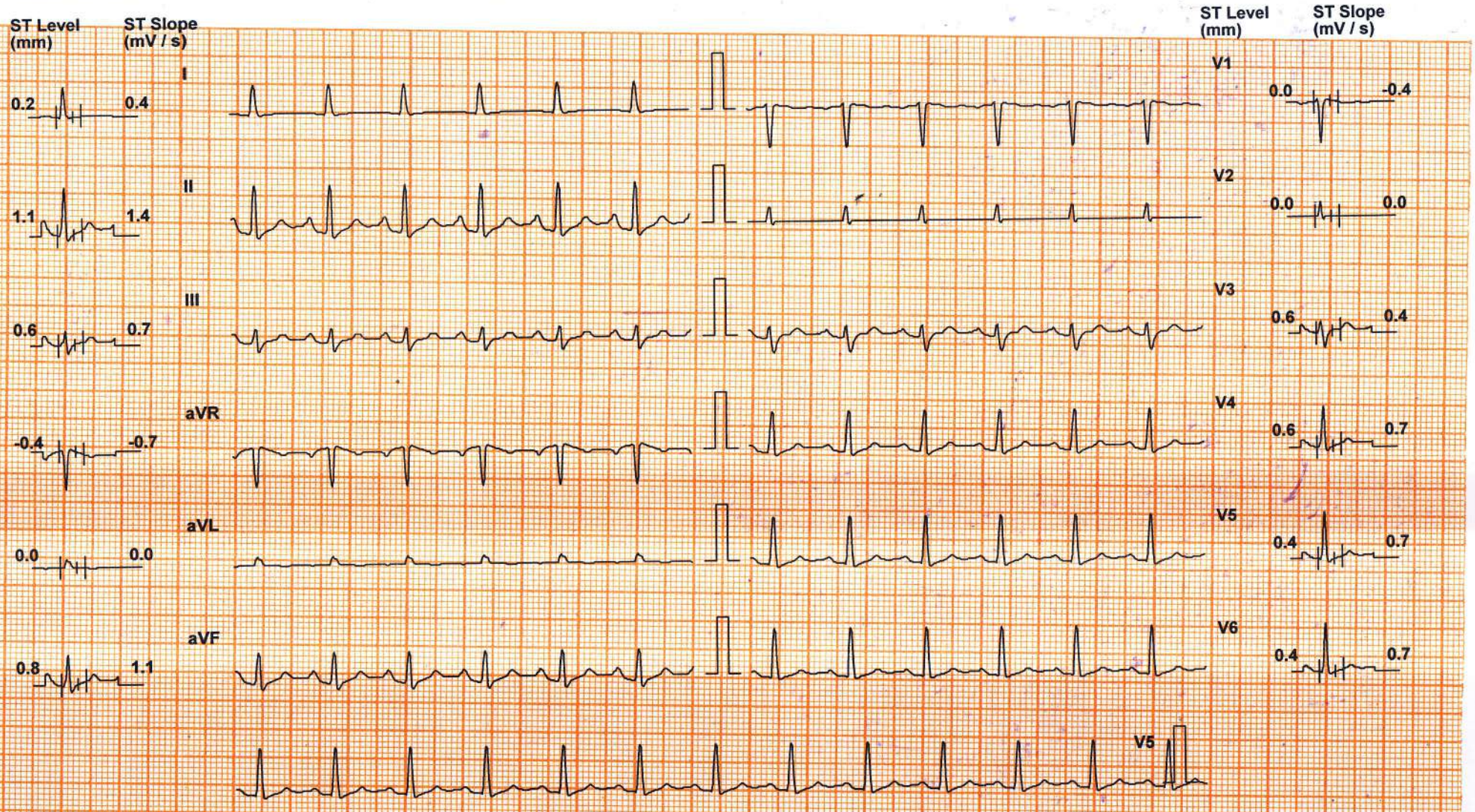


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Linked Median

Schiller CS-20 V 1.4

DDRC SRL

DIVYA M (32 F)

Protocol: Bruce

ID: 26330

Stage: Recovery(2)

Date: 04-Feb-23

Speed: 0 Km/h

Recovery : 4 m 0 s

Grade: 0 %

Stage Time : 2 m 0 s (THR: 169 bpm)

HR: 104 bpm

B.P: 110 / 80

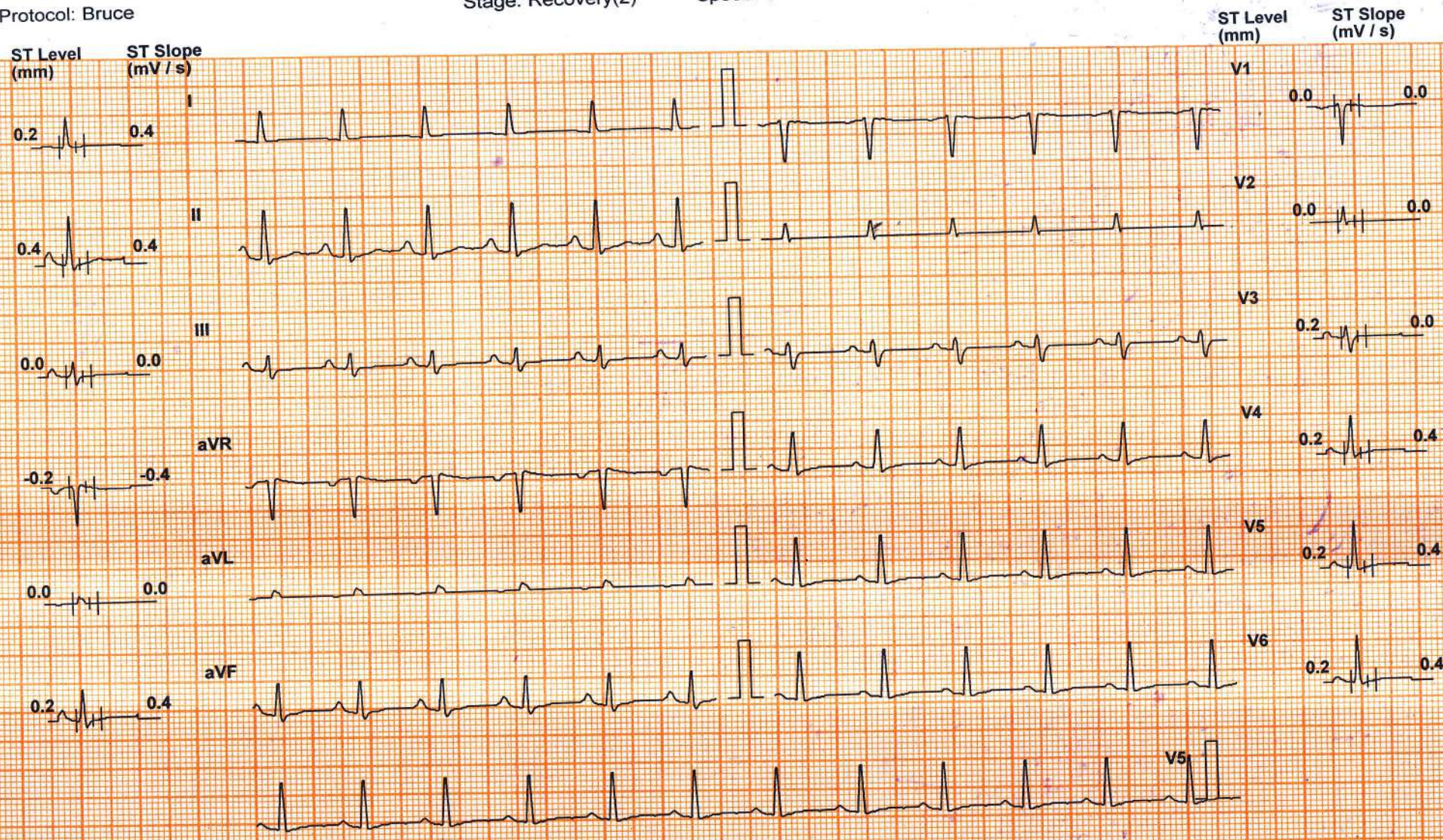


Chart Speed: 25 mm/sec

Schiller CS-20 V 1.4

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Linked Median

Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*

DDRC SRL

DIVYA M (32 F)

Protocol: Bruce

ID: 26330

Stage: Recovery(3)

Date: 04-Feb-23

Speed: 0 Km/h

Recovery : 6 m 0 s

Grade: 0 %

Stage Time : 2 m 0 s

(THR: 169 bpm)

HR: 101 bpm

B.P: 110 / 80

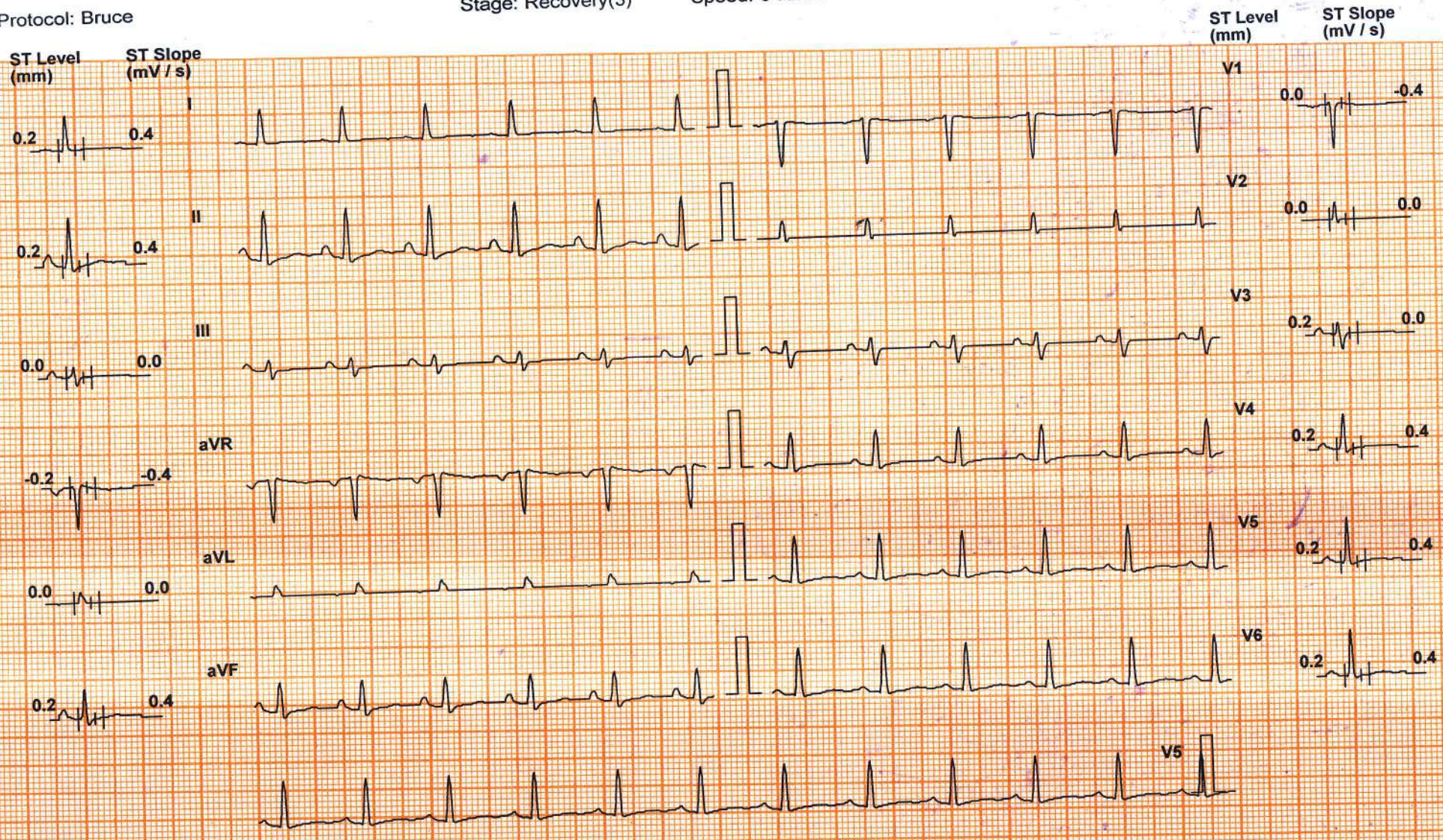


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Linked Median

Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*

Schiller CS-20 V 1.4

DDRC SRL

Patient Details
Name: DIVYA M ID: 26330
Age: 32 y
Clinical History:

Date: 04-Feb-23
Sex: F
Time: 1:45:05 PM
Height: 155 cms
Weight: 55 Kgs

Medications:

Test Details

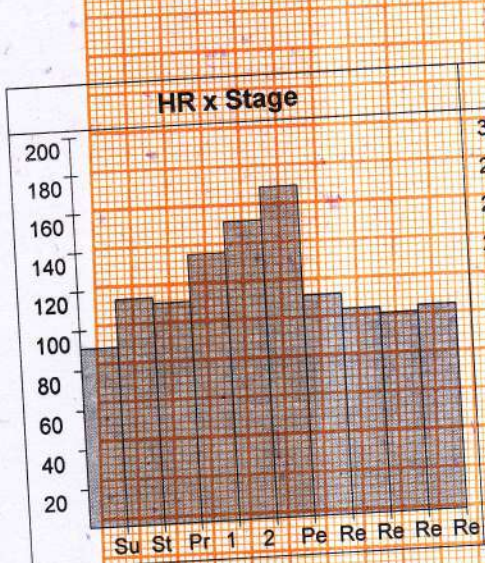
Protocol: Bruce
Total Exec. Time: 8 m 8 s
Max. BP: 120 / 90 mmHg
Test Termination Criteria:

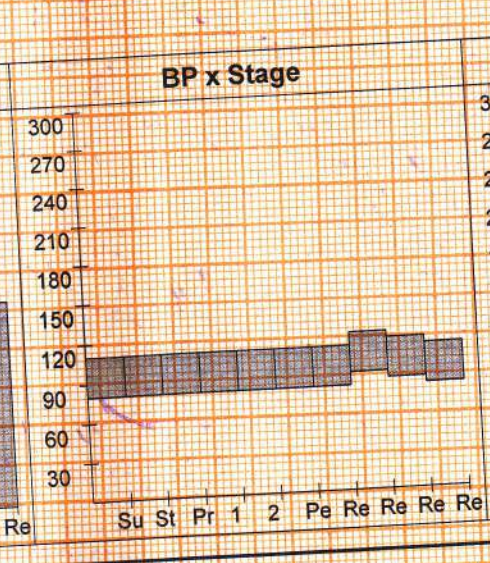
Pr.MHR: 188 bpm
Max. HR: 169 (90% of Pr.MHR)bpm
Max. BP x HR: 20280 mmHg/min

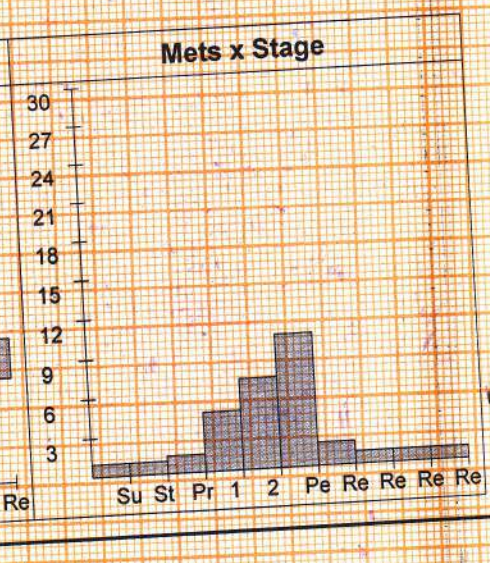
THR: 169 (90 % of Pr.MHR) bpm
Max. Mets: 10.20
Min. BP x HR: 7280 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 30	1.0	0	0	91	110 / 80	-0.85 aVR	-1.06 aVR
Standing	0 : 31	1.0	0	0	115	110 / 80	-0.42 aVR	-1.77 V1
1	3 : 0	4.6	2.7	10	136	110 / 80	-0.64 aVR	1.06 I
2	3 : 0	7.0	4	12	152	110 / 80	-0.64 aVR	1.77 II
Peak Ex	2 : 8	10.2	5.4	14	169	110 / 80	-0.85 aVF	2.12 II
Recovery(1)	2 : 0	1.8	1.6	0	112	110 / 80	-0.85 aVR	2.48 II
Recovery(2)	2 : 0	1.0	0	0	104	120 / 90	-0.64 aVR	1.42 II
Recovery(3)	2 : 0	1.0	0	0	101	115 / 85	-0.85 V1	1.42 V4
Recovery(4)	0 : 4	1.0	0	0	104	110 / 80	-0.85 aVR	-1.77 V1







DDRC SRL

Patient Details
Name: DIVYA M **ID:** 26330
Age: 32 y

Date: 04-Feb-23 **Time:** 1:45:05 PM
Sex: F **Height:** 155 cms **Weight:** 55 Kgs

Interpretation

Exercise upto 8 minutes 8 sec.
No angina
No arrhythmias
No ST depression
Test negative for inducible ischemia

Dr. PRAVEEN. V. K
MD(Medicine), DM(Cardi)
Reg. No. 27353

DDRC SRL DIAGNOSTICS LTD. SITARAM TEJAL THRISSUR 680 022

Divya. M

Ref. Doctor: -----

Doctor: -----

(Summary Report edited by user)

Schiller CS-20 V 1.4

DDRC SRL DIAGNOSTICS LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.