



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrolment No.: 1037/50112/00691

To
ಮಂಜುಳ ಕೆ
Manjula K
W/O Shivanna A K
#20 Ananya
Muddinapalya Bangalore North
Viswaneedam Bangalore
Karnataka 560091
9945316611

Manjula

379539



UG003795398IN



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7579 6745 5654

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

GOVERNMENT OF INDIA




ಮಂಜುಳ ಕೆ
Manjula K.
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1975
ಸ್ತ್ರೀ / Female



7579 6745 5654

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

NAME : Mrs. MANJULA K	MR NO. : 22100238
AGE/SEX : 47 Yrs / Female	VISIT NO. : 163592
REFERRED BY :	DATE OF COLLECTION : 08-10-2022 at 09:23 AM
	DATE OF REPORT : 08-10-2022 at 04:31 PM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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MEDIWHEEL HEALTH CHECKUP FEMALE

BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	42.9 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	1.03 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	4.4 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	131 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.77 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	103.1 mmol/L	97 - 111 mmol/L	
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.27 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.13 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.14 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	31 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	25.3 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	60 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	1.7 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.53 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.94 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.6 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.5	1 - 1.5	



A. Vasanth



Lab Seal

No. 79, Kendra Udayayara Sangha Layout, Nagarbhavi Circle, Nagarbhavi, Bengaluru-72

Dr. KRISHNA MURTHY

Dr. VAMSEEDHARA


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BIOCHEMIST

CONSULTANT PATHOLOGIST

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LIPID PROFILE TEST			
TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	190 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	144.5 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	50.4 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	110.7 mg/dL	up to 100 mg/dL 100-129 mg/dL- Near optimal/above optimal 130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High	
VLDL CHOLESTEROL <i>Calculation</i>	28.9 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.8	up to 3 3.0-4.4 - Moderate >4.4 - High	
LDL/HDL RATIO <i>Calculation</i>	2.2	up to 2.5 2.5-3.3 - Moderate >3.3 - High	



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COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	15.0 gm/dL	12 - 16 gm/dL	
HEMATOCRIT (PCV) <i>Calculated</i>	44.9 %	36 - 47 %	
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.0 million/cu.mm	4 - 5.2 million/cu.mm	
PLATELET COUNT <i>Electrical Impedance</i>	2.2 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	
MEAN CELL VOLUME (MCV) <i>Calculated</i>	89.6 fl	80 - 100 fl	
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.			
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	29.9 pg	26 - 34 pg	
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	33.3 %	31 - 35 %	
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	8910 cells/cumm	4000 - 11000 cells/cumm	
NEUTROPHILS <i>VCS Technology/Microscopic</i>	48 %	40 - 75 %	
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	39 %	25 - 40 %	
DIFFERENTIAL COUNT			
EOSINOPHILS <i>VCS Technology/Microscopic</i>	06 %	0 - 7 %	
MONOCYTES <i>VCS Technology/Microscopic</i>	07 %	1 - 8 %	
BASOPHILS <i>Electrical Impedance</i>	00 %		
ESR <i>Westergren Method</i>	15 mm/hr	0 - 20 mm/hr	
RED CELL DISTRIBUTION WIDTH (RDW) <i>Automated Cell Counter, Derived From Rbc Histogram</i>	00 %	12.3 - 15.85 %	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	131.7 mg/dl	80 - 150 mg/dl	
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Negative		



A. Vasudevan



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BIOCHEMIST

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
GLYCATED HAEMOGLOBIN (HbA1C) <small>HPLC</small>	5.3 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >/= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 105.41 mg/dL
Calculation

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides an additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

FASTING BLOOD SUGAR 100.6 mg/dl 70 - 110 mg/dl
Hexokinase

Krishna Murthy



A. Vamseedhar

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D.C.P. MD
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URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow	
Appearance <i>Visual Method</i>	Clear	Clear/Transparent	
Specific Gravity <i>Strips Method</i>	1.010	1.005-1.035	
pH	6.0	4.6-8.5	

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace	
Glucose <i>Strips Method</i>	Nil	Nil	
Blood <i>Strips Method</i>	Negative	Negative	
Ketone Bodies <i>Strips Method</i>	Absent	Negative	
Urobilinogen <i>Strips Method</i>	Normal	Normal	
Bile Salt <i>Strips Method</i>	Negative	Negative	
Bilirubin <i>Strips Method</i>	Negative	Negative	
Bile Pigments	Negative	NIL	

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	4 - 5 /hpf	0-4/hpf	
RBC <i>Light Microscopic</i>	Nil	0-2/hpf	
Cast <i>Light Microscopic</i>	NIL	NIL	
Crystal <i>Light Microscopic</i>	NIL	Nil	

FASTING URINE SUGAR (FUS)	NIL	NIL	
POSTPRANDIAL URINE SUGAR	NIL	NIL	



Krishna M.



A. Vamseedhara

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(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

Diagnostics & Speciality Centre

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TEST PARAMETER

RESULT

REFERENCE RANGE

SPECIMEN

Dispatched by: KIRAN

**** End of Report ****

Printed by: Priyanka R on 08-10-2022 at 05:31 PM



K. Krishna M.



A. Vasudha

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BIOCHEMIST


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D.C.P., M.D. CONSULTANT PATHOLOGIST

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REFERRED BY :	DATE OF COLLECTION : 08-10-2022 at 09:23 AM
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REF CENTER : MEDIWHEEL	

TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN

MEDIWHEEL HEALTH CHECKUP FEMALE

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) CMIA	1.33 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) CMIA	8.35 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) CMIA	2.78 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Dispatched by: KIRAN

**** End of Report ****

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K. Krishna Murthy



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AGE:	47 YEARS	ID. NO:	195176
GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL

X-RAY REPORT- CHEST PA VIEW

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.


Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

Left cervical rib.

IMPRESSION:

- No significant abnormality in the visualized lung fields.


Dr. Shruthi. P. DMRD, FFM, DNB
Consultant Radiologist



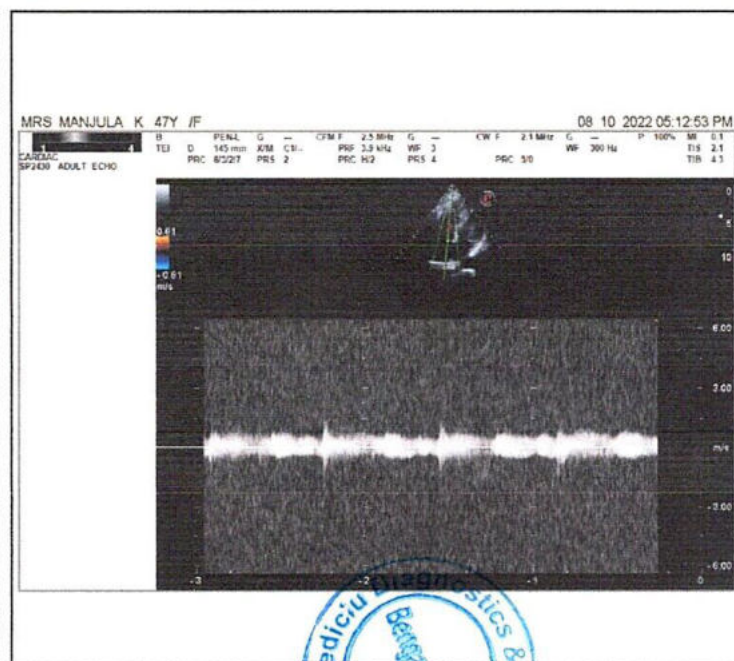
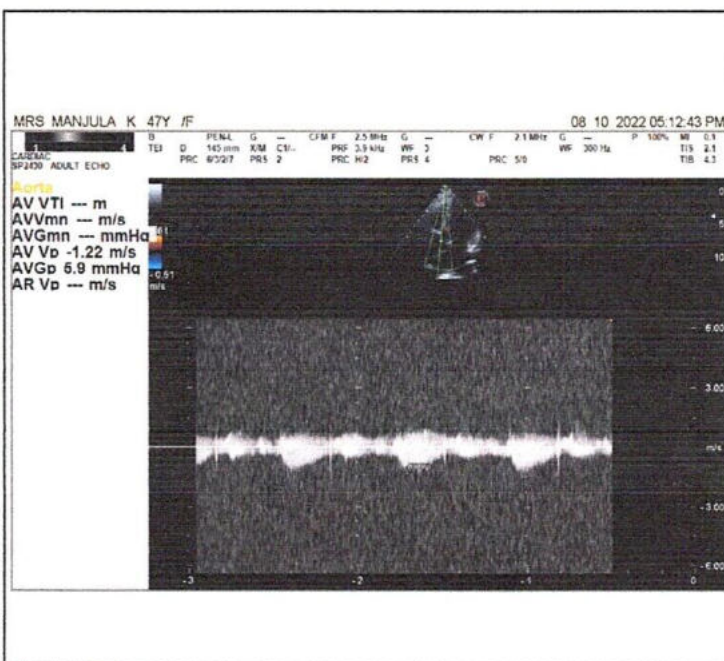
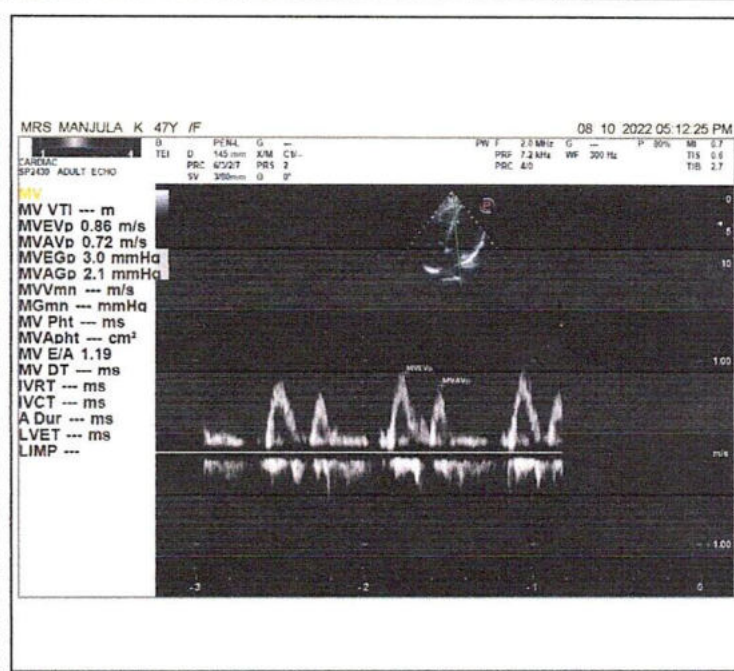
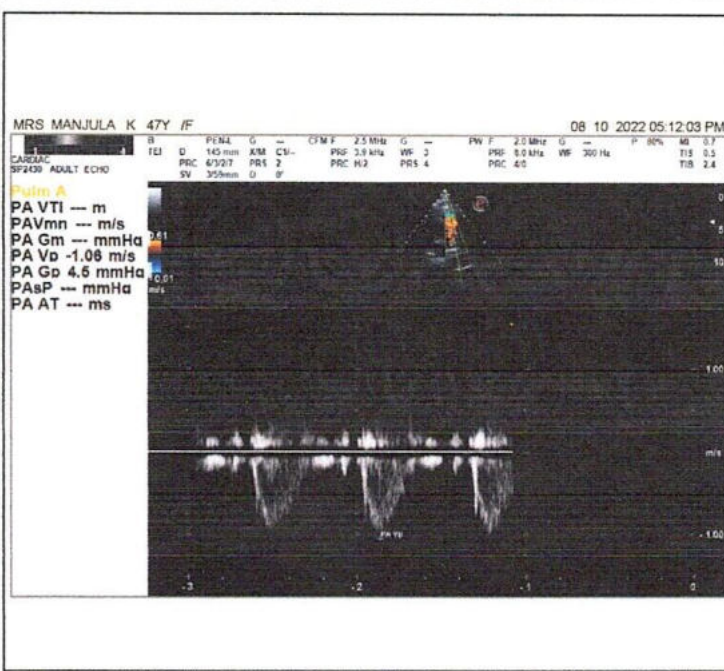
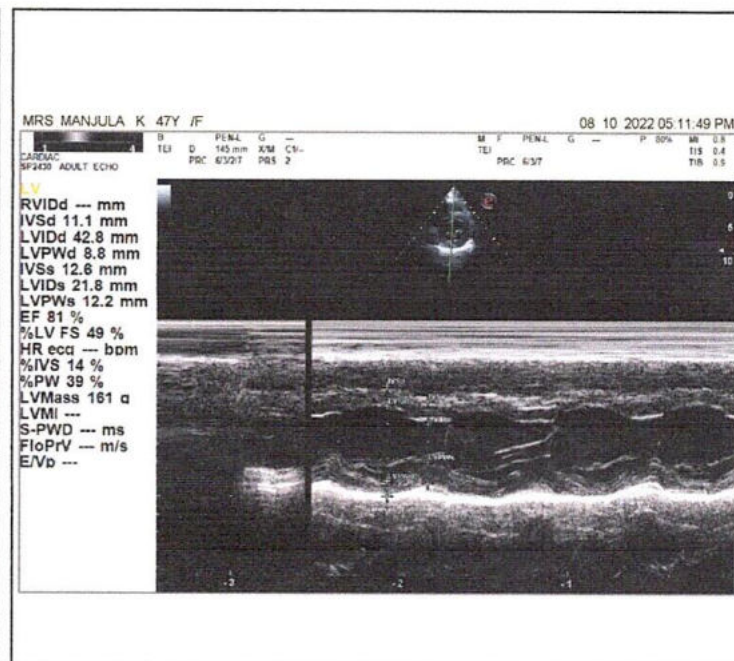
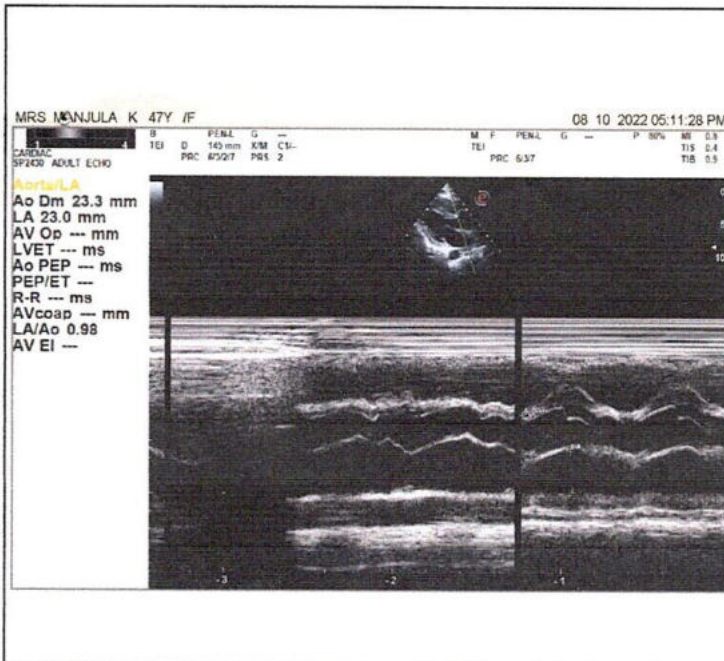
TRANS THORACIC 2D ECHO - DOPPLER STUDY

NAME:	Mrs. MANJULA K	DATE:	08-10-2022
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M-Mode		
AORTA	22	mm
LEFT ARTIUM	28	mm
RIGHT VENTRICLE(Diastole)	18	mm
LVID (Diastole)	36	mm
LVID (Systole)	24	mm
INTERVENTRICULAR SEPTUM (Diastole)	10	mm
L V POSTERIOR WALL (Diastole)	9	mm
L V MASS	134	grms
FRACTIONAL SHORTENING	30	%
EJECTION FRACTION	60	%

DOPPLER / COLOR FLOW				
MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR
AORTIC VALVE	1.0	-	m/sec	NO AR
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	NO TR
PULMONARY VALVE	0.8	-	m/sec	NO PR





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X - RAY - MAMMOGRAM BOTH SIDES

TECHNIQUE:

Full field digital mammography of both breasts was performed in cranio-caudal and medio-lateral oblique views

OBSERVATION:

Type C breast parenchyma (Heterogeneously dense parenchyma which may obscure small masses).

The fibroglandular density is normal for age in both breasts.

Nipple and subareolar tissue are normal.

No retraction or skin thickening is seen.

Subcutaneous tissue and cooper's ligaments are normal.

No evidence of any distortion of the tissues seen.

The pectoralis and retro mammary space appears normal.

No abnormal macrocalcification/ microcalcification seen.

Few benign right axillary lymph nodes noted with maintained fatty hilum.

No significant left axillary lymph nodes.

USG SCREENING:

No significant bilateral axillary lymph nodes.

Right breast:

No evidence of any solid mass lesion noted.

Left breast:

No evidence of solid mass lesion noted.



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X - RAY - MAMMOGRAM BOTH SIDES

IMPRESSION:

- Type C breast parenchyma (Heterogeneously dense parenchyma which may obscure small masses).
- No significant abnormality in bilateral mammograms.
- No evidence of any focal lesion on USG correlation.
- Few benign appearing small right axillary lymph nodes.

RIGHT BREAST: BI-RADS I

LEFT BREAST: BI-RADS I

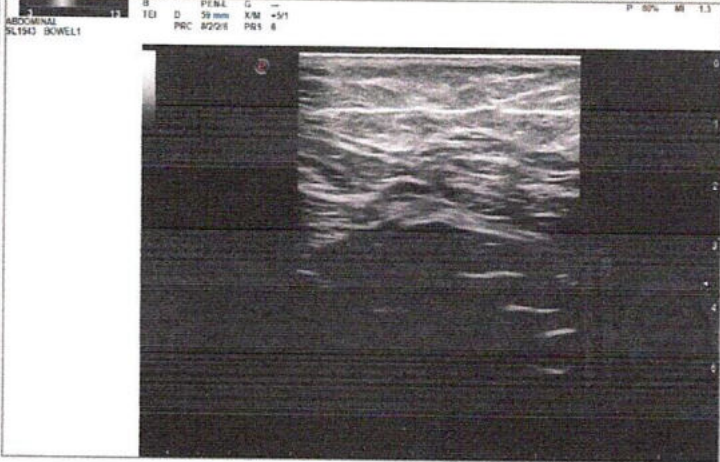
NOTE: BI - RADS SCORING KEY

- 0 - Needs additional evaluation;
- I - Negative
- II - Benign findings
- III - Probably benign
- IV - Suspicious abnormality - Biopsy to be considered
- V - Highly suggestive of malignancy
- VI - Known biopsy proven malignancy

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Consultant Radiologist**



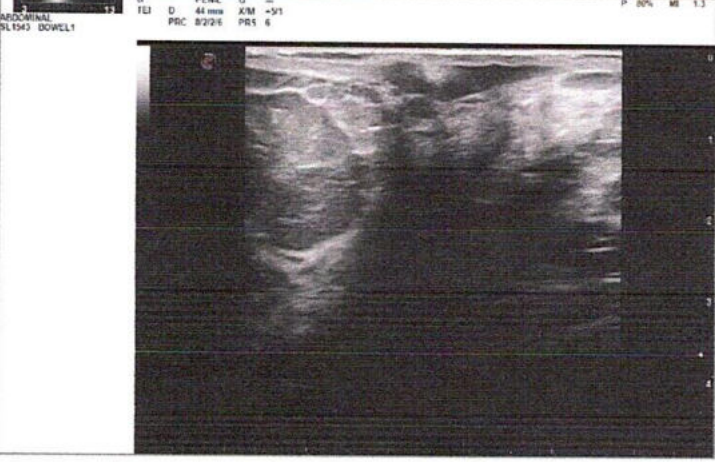
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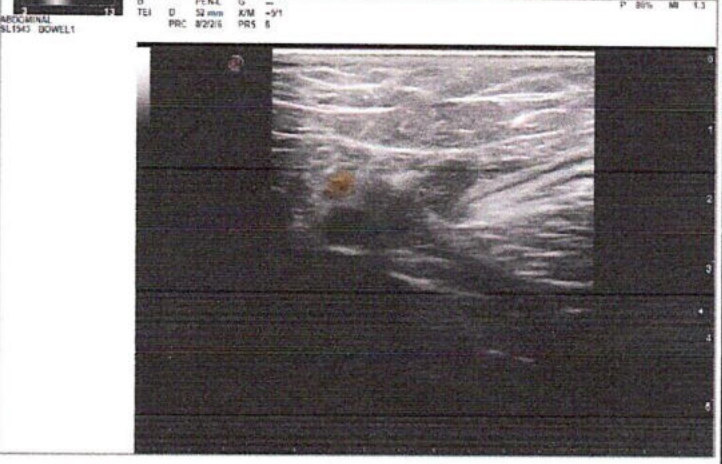
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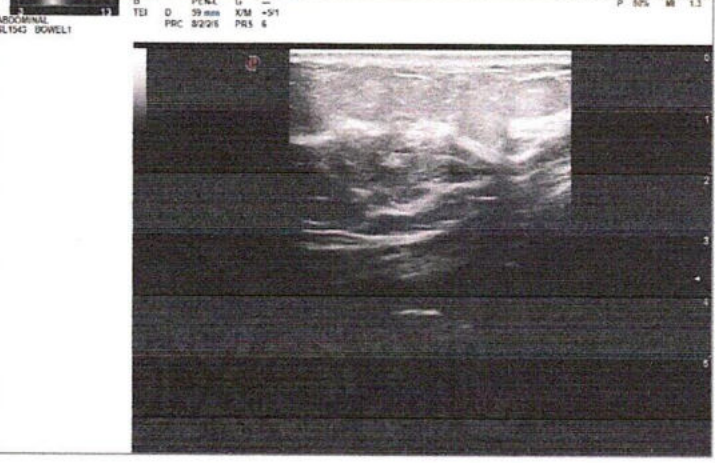
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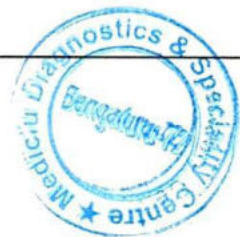
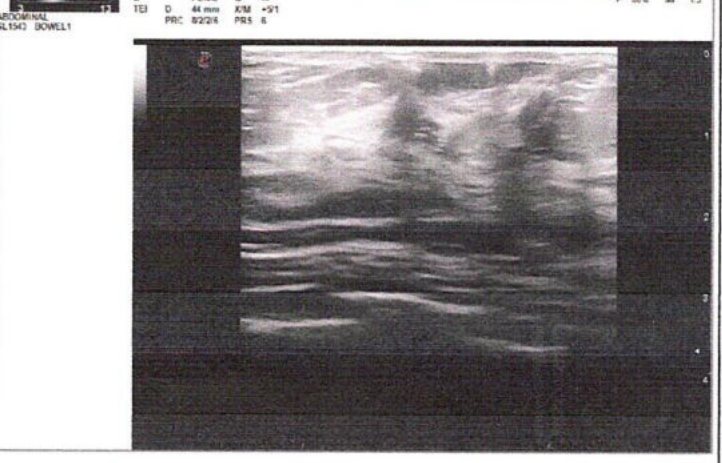
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MRS. MANJULA K 47Y /F 08 10 2022 02:29:12 PM



MRS. MANJULA K 47Y /F 08 10 2022 02:29:47 PM



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USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (14.3 cm) and shows normal homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (11.1 cm) with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 10.8 x 1.2 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 11.5 x 1.3 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.



NAME:	Mrs. MANJULA K	DATE:	08-10-2022
AGE:	47 YEARS	ID. NO:	195176
GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL

USG REPORT - ABDOMEN AND PELVIS

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

UTERUS:

Anteverted, is normal in size measures 11.9 x 4.9 x 7.3 cm **with altered echotexture and shows few well defined hypochoic lesions noted, largest measuring 1.5 x 1.1 cm in the anterior wall.**

Endometrial thickness measures 10 mm.

OVARIES:

Both ovaries are normal in size with normal echo pattern.

Right ovary measures 2.7 x 2.0 x 2.7 cm (Vol-8cc).

Left ovary measures 2.9 x 1.1 x 3.2 cm (Vol-5.2 cc).

No adnexal mass lesion seen.

No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

- **Intramural uterine fibroids with altered myometrial echotexture- ? Adenomyosis (suggested clinical correlation and MRI pelvis for further evaluation).**

Dr. Mohan S. MDRD

Dr. MOHAN S. MDRD
Consultant Radiologist





ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrolment No.: 1037/50112/00691

To
ಮಂಜುಳ ಕೆ
Manjula K
W/O Shivanna A K
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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7579 6745 5654

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ಮಂಜುಳ ಕೆ
Manjula K
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1975
ಸ್ತ್ರೀ / Female



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