

Name : Ms. SARALA GANIGER  
PID No. : MED111002932  
SID No. : 922014000  
Age / Sex : 33 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 01/03/2022 9:37 AM  
Collection On : 01/03/2022 9:53 AM  
Report On : 01/03/2022 6:56 PM  
Printed On : 03/03/2022 6:53 PM




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	41.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	5.01	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	<b>37.2</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	61.6	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	29.6	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.1	%	01 - 06

  
Dr. Arjun C.P  
MBBS, MD Pathology  
Reg. No. KMC 89655

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

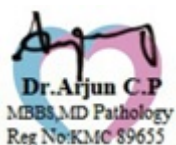
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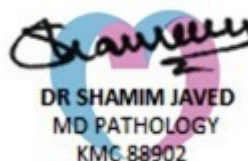
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.0	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.2	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.5	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.20	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	258	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.270	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	6	mm/hr	< 20



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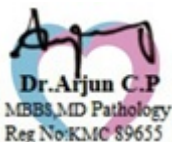


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	188	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	118	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

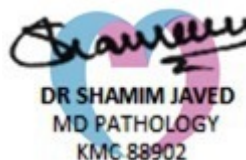
**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	36	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	128.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	152.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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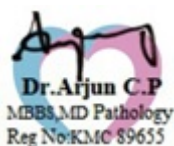
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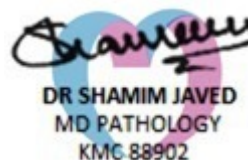
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.2		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	9.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

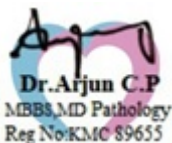
Estimated Average Glucose 228.82 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

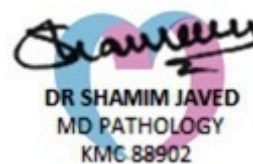
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.26	ng/mL	0.7 - 2.04
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#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/CMIA)	8.40	µg/dL	4.2 - 12.0
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#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	1.69	µIU/mL	0.35 - 5.50
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#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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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)	1.015		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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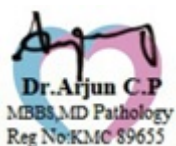
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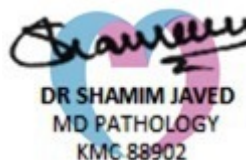
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Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	1-2	/hpf	3-5
Epithelial Cells (Urine)	2-3	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil



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## BIOCHEMISTRY

BUN / Creatinine Ratio	10		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	<b>159</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
--	----------	--	----------

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	<b>258</b>	mg/dL	70 - 140
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### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.


Glucose Postprandial - Urine (Urine - PP)	<b>Trace</b>		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	7.0	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.6	mg/dL	0.6 - 1.1
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.4	mg/dL	2.6 - 6.0
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'AB' 'Positive'

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-- End of Report --

भारत सरकार  
GOVT. OF INDIA



01028890

आयकर विभाग  
INCOME TAX DEPARTMENT

SARALA GANIGER  
ASHOK GANIGER

08/07/1988  
Permanent Account Number

AVLPG1062C  
*Sarala Ganiger*  
Signature





# Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **SARALA GANIGER**

Gender:  Male  Female Age: **33** years DOB:  /  /

Mobile: **9164778879** Pincode:

Email:

Bar code

### Vitals

To be filled by Technician

Height: **155** cms

Waist: **36** in.

Hip: **39** in.

Weight: **66.3** kg

Fat: **35.1** %

Visc. Fat: **8.5** %

RM: **1344** cal

BMI: **27.6** kg/m<sup>2</sup>

Body Age: **48** years

Sys. BP: **121** mmHg

Dia. BP: **81** mmHg

To be filled by Customer

### Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)  Yes  No

Neurological Problems (Nerve)  Yes  No

Are you currently taking medications for?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Liver Disease  Yes  No

Cancer  Yes  No

Tuberculosis (TB)  Yes  No

### Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Cancer  Yes  No

### Lifestyle

Do you exercise regularly?  Yes  No

Do you consume alcohol more than 2 times a week?  Yes  No

Do you smoke/chew tobacco?  Yes  No

Are you vegetarian?  Yes  No

### General

Do you see a doctor at least once in 6 months?  Yes  No

Do you undergo a health checkup every year?  Yes  No

How would you rate your overall Health?  Excellent  Good  Normal  Poor  Very Poor

### Women's Health

Is there a family history of Breast Cancer?  Yes  No

Is there a family history of Endometrial (Uterus) Cancer?  Yes  No

Is there a family history of Ovarian Cancer?  Yes  No

Do you have irregular periods?  Yes  No

Do you have heavy bleeding during periods?  Yes  No

Do you have scanty periods?  Yes  No

Have you attained Menopause?  Yes  No

Do you have children?  Yes  No

Was it a normal delivery?  Yes  No

Did you have diabetes/hypertension during delivery?  Yes  No

**PATIENT SUMMARY**

Page 1 of 1

**Patient : SARALA GANIGER - 33/Years**

**OP Number : KA-PEC2022/345864**

**Address : CLUMAX**

**Phone : +919164651999**

01/03/2022

**OPTOMETRIST FINDINGS ( -11:59:52 )**

UNAIDED VISION DIST      6/6 RE 6/6 LE  
COLOR VISION              RE Normal LE Normal

Sleeping with Contact Lens      NO

**DOCTOR ADVICE (DR.MANSI MEHROTRA - 12:32:40)**

PRESENTING COMPLAINTS      patient has come for clumax check up  
LIDS & ADNEXA              RE: N; LE: N  
PUPIL                          RE: RRL; LE: RRL  
CORNEA                        RERE: CLEAR; LE: CLEAR  
LENS                            RERE: CLEAR; LE: CLEAR  
CONJUNCTIVA                RERE: N; LE: N  
IRIS                             RERE: N; LE: N  
ANTERIOR CHAMBER        RE:N; LE: N

Printed On 1/3/22 12:42:05 PM

\*\*\*\*\* END \*\*\*\*\*

Thanking you for giving us an opportunity to provide you eye care services.



Name	SARALA GANIGER	Customer ID	MED111002932
Age & Gender	33Y/F	Visit Date	Mar 1 2022 9:35AM
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. SHWETHA S

DR. PRAJNA SHENOY

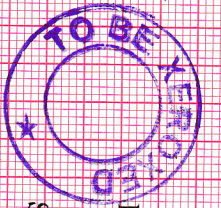
DR. MAHESH M S

CONSULTANT RADIOLOGISTS





MSSARALA  
ID: 111002932  
1-Mar-2022  
10:12:07



84bpm  
BP: 110/70  
ST @ 10mm/mV  
80ms postJ

PRETEST  
SUPINE  
5:27

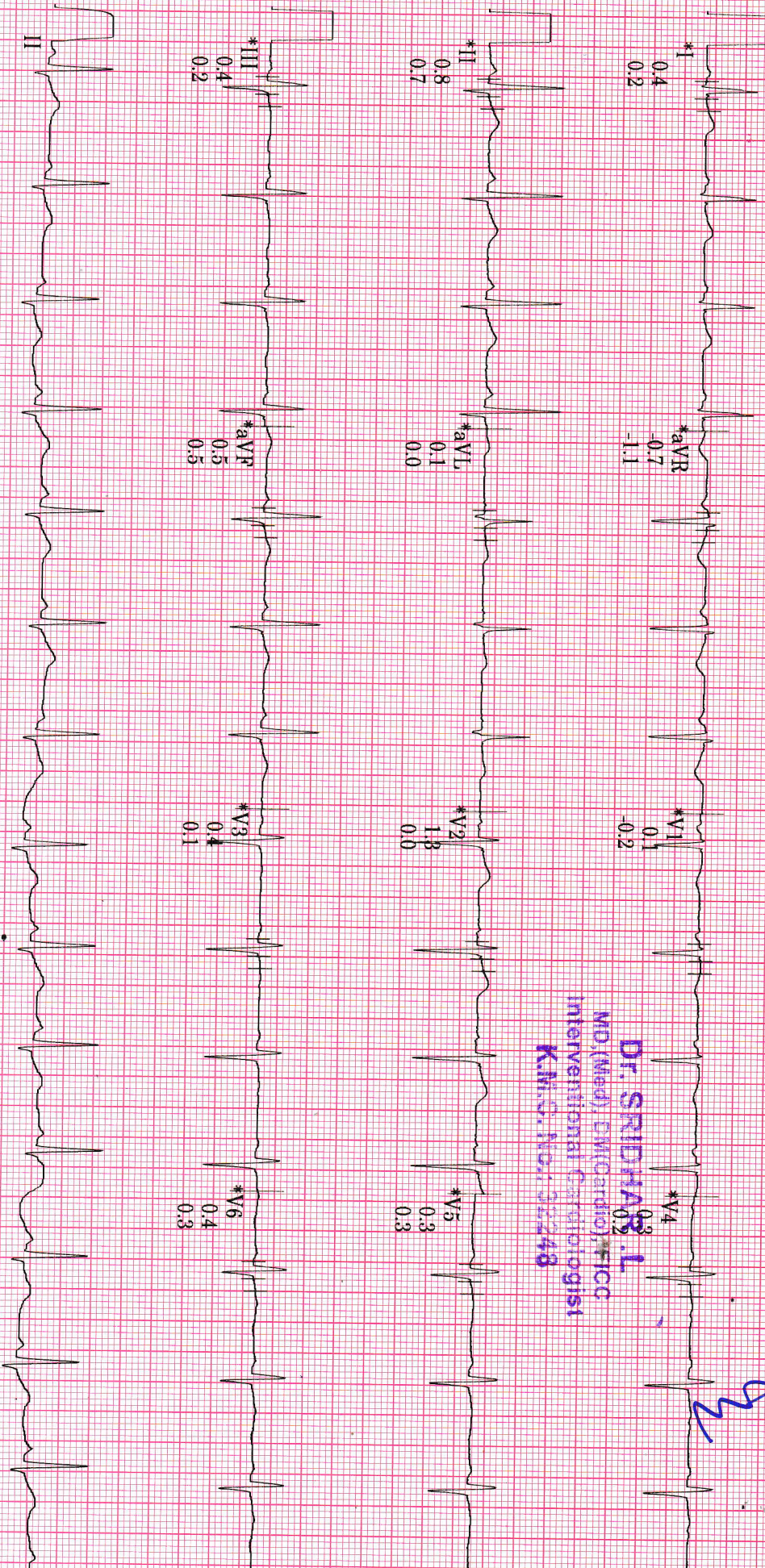
BRUCE  
\*\*mph  
\*\*%

(Needs Clinical Correlation  
for further Management)

WV  
RM +70°

Normal ECG

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



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

\* Computer Synthesized Rhythm

Lead  
ST (mm)  
Slope (mV)



TABULAR SUMMARY REPORT

MS. SARALA  
ID: 111002932

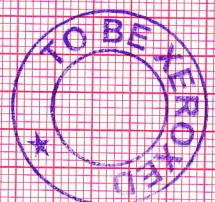
33 years

1-Mar-2022  
10:06:40

Female

BRUCE  
Max HR: 161bpm 86% of max predicted 187bpm  
Max BP: 110/70  
Total Exercise time: 8:01  
Maximum workload: 10.1METS  
25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: MEDHWHEEL  
Test ind: IHD SCREENING



Reason for Termination: Patient fatigue  
Comments: GOOD EFFORT TOLERANCE. NORMAL HR & BP RESPONSE  
NO SIGNIFICANT ST T CHANGES SEEN DURING EXE OR RECOVERY  
NO ANGINA / ARRHYTHMIAS  
\*\*1MP-STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA \*\*  
\*\*\*NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT\*\*\*  
\*\*\*DR.SRIDHAR.L MD DM FICC CARDIOLOGIST \*\*\*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	5:45	0.8	0.0	1.6	86	110/70	.95
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	115		
	STAGE 2	3:00	2.5	12.0	7.0	135		
	STAGE 3	2:01	3.4	14.0	10.1	158		
RECOVERY	Post	5:02	***	***	1.0	102		

**DR. SRIDHAR.L**  
MD (M.B.B.S), FICC  
Interventional Cardiologist  
K.M.C. No.: 32248

Technician: KOMS

CLUMAX DIAGNOSTICS

Unconfirmed

MAC55 009C



Name	MS.SARALA GANIGER	ID	MED111002932
Age & Gender	33Y/FEMALE	Visit Date	01/03/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has increased echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.  
Gall bladder wall is of normal thickness.  
CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well made out.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.6
Left Kidney	10.7	1.5

**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 – 6.2mms.

Uterus measures as follows:

LS: 7.3cms      AP: 3.3cms      TS: 4.0cms.



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:2:

**OVARIES** are enlarged in size and show polycystic morphology.

Ovaries measures as follows:

Right ovary: 4.2 x 3.2 x 1.7cms, vol – 12.7cc.

Left ovary: 4.0 x 2.9 x 1.9cms, vol – 11.9cc.

POD & adnexa are free.

No evidence of ascites.

**Impression:**

- *Bilateral polycystic ovaries.*
- *Increased hepatic echopattern suggestive of fatty infiltration.*

**CONSULTANT RADIOLOGISTS:**

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P

Hbp/d

