

Name : Ms. RANI R ASHA  
PID No. : MED110946390  
SID No. : 922011844  
Age / Sex : 33 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 16/02/2022 9:15 AM  
Collection On : 16/02/2022 11:27 AM  
Report On : 17/02/2022 9:18 AM  
Printed On : 17/02/2022 12:16 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)	14.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	44.5	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.89	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	91.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.0	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)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.68	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	64.37	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	27.52	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.55	%	01 - 06

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

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DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

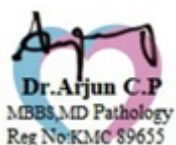
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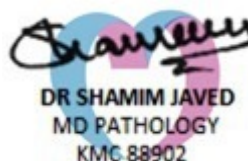
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.19	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.37	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.60	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.39	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.45	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	324.4	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.16	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.30</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	16	mm/hr	< 20



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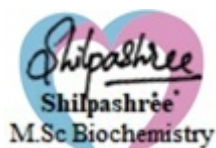


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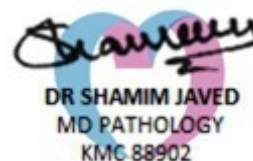
## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.3	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.1	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.9	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.2	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.2		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	14	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	10	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	76	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	15	U/L	< 38



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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	193	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	116	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

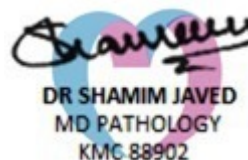
**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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)	133.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	157.0	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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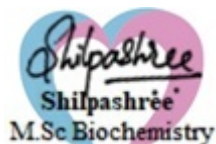
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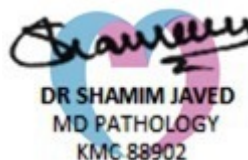
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.3	%	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  $\geq 8.1$  %

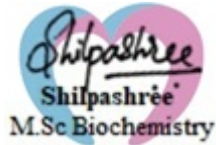
Estimated Average Glucose 134.11 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

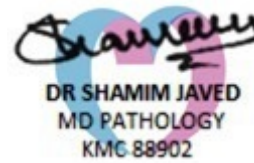
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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 (Serum/CMIA)	1.14	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)	7.67	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))	1.93	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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MD PATHOLOGY  
KMC 88902  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine)	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)	1.025		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

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

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MD PATHOLOGY  
KMC 88902

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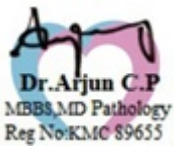


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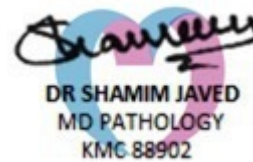
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Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	2-4	/hpf	3-5
Epithelial Cells (Urine)	4-6	/hpf	1-2
RBCs (Urine/Flow cytometry)	1-2	/hpf	2-3
Others (Urine)	Nil		Nil



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## BIOCHEMISTRY

BUN / Creatinine Ratio	10		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	<b>102</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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	130	mg/dL	70 - 140
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### **INTERPRETATION:**

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

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
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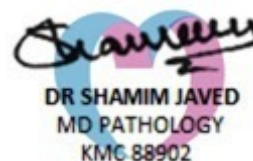
Creatinine (Serum/Jaffe Kinetic)	0.8	mg/dL	0.6 - 1.1
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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)	5.1	mg/dL	2.6 - 6.0
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
--	----------------	--	--

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MBBS, MD Pathology  
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

-- End of Report --

बैंक ऑफ़ बड़ोदा Bank of Baroda



बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम  
Name आर आशा रानी  
R Asha Rani

E.C. No. 171259



*R Asha Rani*

  
जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder



# Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **P A N I P A S H A**

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

Mobile:  Pincode:

Email:

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

Bar code

### Vitals

To be filled by Technician

Height: **147** cms

Waist: **34** in.

Hip: **41** in.

Weight: **66.3** kg

Fat: **39.9** %

Visc. Fat: **12.5** %

RM: **1316** cal

BMI: **30.7** kg/m<sup>2</sup>

Body Age: **53** years

Sys. BP: **104** mmHg

Dia. BP: **65** mmHg

POL-81

<b>Name</b>	<b>MS.RANI R ASHA</b>	<b>ID</b>	<b>MED110946390</b>
<b>Age &amp; Gender</b>	<b>33Y/FEMALE</b>	<b>Visit Date</b>	<b>16/02/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### 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 madeout.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.9	1.2
Left Kidney	9.0	1.2

**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 – 9.0mms.

Uterus measures as follows:

LS: 6.1cms      AP: 2.8cms      TS: 3.5cms.

..2



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Age & Gender	33Y/FEMALE	Visit Date	16/02/2022
Ref Doctor	MediWheel		

:2:

**OVARIES** show polycystic morphology.

Right ovary is enlarged in size.

Left ovary is normal in size.

Ovaries measures as follows:

Right ovary: 3.7 x 2.9 x 1.9 cms, vol-11.2ml.

Left ovary: 2.9 x 2.3 x 1.9 cms, vol-7ml.

POD & adnexa are free.

No evidence of ascites.

**Impression: Bilateral polycystic ovaries.**

**CONSULTANT RADIOLOGISTS:**

**DR. H. K. ANAND**

**DR. PRAJNA SHENOY**

**DR. MAHESH. M. S**

**DR. RADHA KRISHNA. A.**



**DR. HIMA BINDU.P**

**Hbp/so**



**PATIENT SUMMARY**

Page 1 of 1

**Patient : RANI - 33/Years FEMALE**

**OP Number : KA-PEC2022/345124**

**Address : CLUMAX JAYANAGAR**

**Phone : +919986328479**

**16/02/2022**

**OPTOMETRIST FINDINGS ( -13:03:54 )**

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

Sleeping with Contact Lens      NO

**DOCTOR ADVICE (DR.RAVINA TODI - 13:07:37)**

LIDS & ADNEXA              RE: N; LE: N  
PUPIL                         RE: RRR; LE: RRR  
CORNEA                      RERE: CLEAR; LE: CLEAR  
LENS                         RERE: CLEAR; LE: CLEAR  
CONJUNCTIVA                RERE: CLEAR; LE: CLEAR  
IRIS                         RERE: NPC; LE: NPC  
ANTERIOR CHAMBER         RE:N; LE: N

Printed On 16/02/2022 13:15:06

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

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



Name	RANI R ASHA	Customer ID	MED110946390
Age & Gender	33Y/F	Visit Date	Feb 16 2022 9:12AM
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

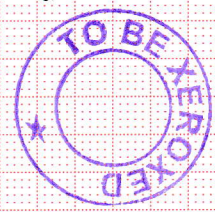
DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS




QRS : 80 ms  
QT / QTcBaz : 370 / 426 ms  
PR : 136 ms  
P : 86 ms  
RR / PP : 752 / 750 ms  
P / QRS / T : 59 / 45 / 11 degrees



HR - 80biv

MR

(Needs Correlation  
for further management)

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

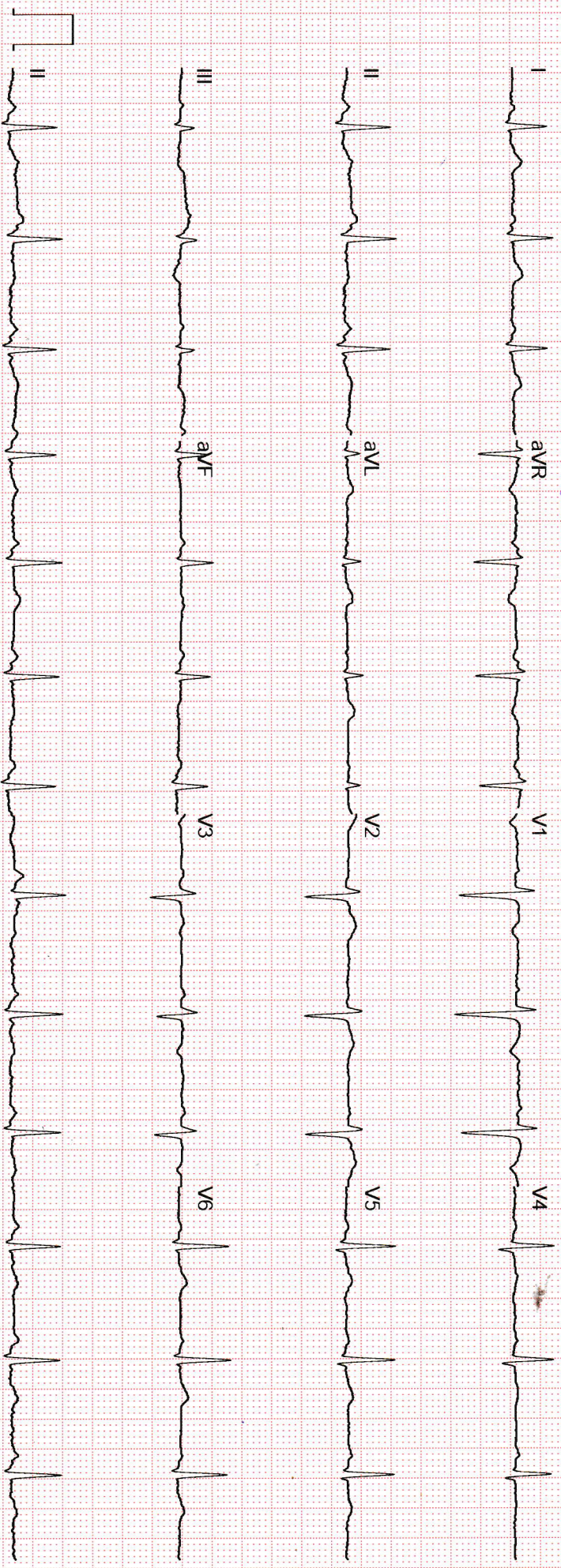
RM + 40°

Normal ECG

✓

Technician: koms  
Ordering Ph: MEDWHEEL  
Referring Ph: MEDWHEEL  
Attending Ph:

80 bpm  
- / - mmHg



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1

Unconfirmed

Name	MS.RANI R ASHA	ID	MED110946390
Age & Gender	33Y/FEMALE	Visit Date	16/02/2022
Ref Doctor	MediWheel		

### 2D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.53	cms
LEFT ATRIUM	:	3.35	cms
AVS	:	2.04	cms
LEFT VENTRICLE (DIASTOLE)	:	3.92	cms
(SYSTOLE)	:	2.53	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.02	cms
(SYSTOLE)	:	1.71	cms
POSTERIOR WALL (DIASTOLE)	:	1.18	cms
(SYSTOLE)	:	1.88	cms
EDV	:	66	ml
ESV	:	23	ml
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	2.04	cms

#### DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' - 0.96 m/s	'A' - 0.77 m/s	TRIVIAL MR
AORTIC VALVE	: 1.33 m/s		NO AR
TRICUSPID VALVE	: 'E' - 0.68 m/s	'A' - m/s	NO TR
PULMONARY VALVE	: 0.84 m/s		NO PR



Name	MS.RANI R ASHA	ID	MED110946390
Age & Gender	33Y/FEMALE	Visit Date	16/02/2022
Ref Doctor	MediWheel		

:2:

**2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

**IMPRESSION :**

- TRIVIAL MITRAL REGURGITATION
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 65%
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.  
CONSULTANT CARDIOLOGIST  
Ls/rk

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

