



Final Laboratory Report			PID :
Name : Mrs. SUBHASHINI K	Sex/Age : Female / 29 Years	Lab ID : 40834600572	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 14-Aug-2024 08:28	Recv Dt. Time : 14-Aug-2024 08:28	Sample Type :	
Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ :	Report Printed : 17-Aug-2024 12:54	

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Lipid Profile			
HDL Cholesterol	27.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.
LDL Cholesterol	126.20	mg/dL	0 - 100
LDL/HDL Ratio	4.67		
Chol/HDL	6.74		< 3.5 – Low risk 3.5 – 5.0 - Normal risk > 5.0 - High risk

Abnormal Result(s) Summary End





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Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 14-Aug-2024 08:35	Recv Dt. Time : 14-Aug-2024 08:35	Sample Type : Whole Blood EDTA	
Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ : 14-Aug-2024 10:23	Report Printed : 17-Aug-2024 12:54	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Complete Blood Counts

RBC Count <i>Electrical Impedance</i>	4.41	millions/cmm	3.8 - 5.8	
Haemoglobin <i>SLS</i>	13.2	g/dL	11.5 - 16.5	
PCV	40.4	%	37 - 47	
Mean Corpuscular Volume <i>Calculated</i>	91.6	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	29.9	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	32.7	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	12.7	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	6720	Cells/cmm	4000 - 11000	
Differential Counts				
Neutrophils <i>Fluorescent Flowcytometry</i>	56.5	%	40 - 75	
Lymphocytes <i>Fluorescent Flowcytometry</i>	34.4	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	4.5	%	2 - 10	
Eosinophils	4.0	%	1 - 6	
Basophils <i>Fluorescent Flowcytometry</i>	0.6	%	0 - 1	
Absolute Counts				
Absolute Neutrophil Count <i>Calculated</i>	3800	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	2310	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	300	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	270	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	40	Cell/cmm	20-100	
Platelet Count <i>Electrical Impedance</i>	318000	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	8.5	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

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**Final Laboratory Report**

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Ref. By : SRF ID : Ref. ID :
Corporate : NDPL - Mediwheel UHID :

Col Dt. Time : 14-Aug-2024 08:35 Recv Dt. Time : 14-Aug-2024 08:35 Sample Type : Whole Blood EDTA
Reg Dt. Time : 14-Aug-2024 08:22 Report Released @ : 14-Aug-2024 11:15 Report Printed : 17-Aug-2024 12:54

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Photometrical capillary stopped flow kinetic analysis</i>	10	mm/hour	0 - 20	

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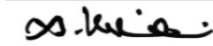


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Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel	UHID	:		

Col Dt. Time	: 14-Aug-2024 08:35	Recv Dt. Time	: 14-Aug-2024 08:35	Sample Type	: Plasma Fluoride
Reg Dt. Time	: 14-Aug-2024 08:22	Report Released @	:		F,Plasma Fluoride PP,Serum

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>HEXOKINASE/G-6-PDH</i>	86	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	
Plasma Glucose - PP <i>HEXOKINASE/G-6-PDH</i>	131.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	
Urea <i>Calculated</i>	21.40	mg/dL	14.98 - 40.01	
Uric Acid <i>Uricase</i>	5.50	mg/dL	2.6 - 6.0	
Creatinine <i>Kinetic Alkaline Picrate</i>	0.74	mg/dL	0.7 - 1.2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



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Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ : 14-Aug-2024 14:45	Report Printed : 17-Aug-2024 12:54	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C High Performance Liquid Chromatography (HPLC)	6.10	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) Calculated	128.37	mg/dL	Not available	

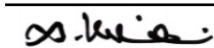
Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemc control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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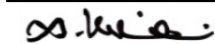


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Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ : 14-Aug-2024 13:50	Report Printed : 17-Aug-2024 12:54

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Cholesterol <i>Enzymatic</i>	182.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	144.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	L 27.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	H 126.20	mg/dL	0 - 100	
VLDL <i>Calculated</i>	28.80	mg/dL	<30	
Non-HDL Cholesterol <i>Calculated</i>	155		< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio <i>Calculated</i>	H 4.67			
Chol/HDL <i>Calculated</i>	H 6.74		< 3.5 – Low risk 3.5 – 5.0 - Normal risk > 5.0 - High risk	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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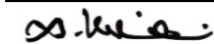


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Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ : 14-Aug-2024 13:14	Report Printed : 17-Aug-2024 12:54	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Bilirubin Total <i>Diazonium Salt</i>	0.44	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	0.14	mg/dL	0 - 0.5	
Bilirubin Indirect	0.30	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	22.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	14.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	53.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	23.00	U/L	9 - 36	
Proteins (Total) <i>Biuret</i>	7.51	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	4.21	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	3.30		2.0 - 3.5	
A/G Ratio <i>Calculated</i>	1.3		1 - 2	

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Col Dt. Time : 14-Aug-2024 08:35	Recv Dt. Time : 14-Aug-2024 08:35	Sample Type : Serum	
Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ : 14-Aug-2024 13:16	Report Printed : 17-Aug-2024 12:54	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <i>CMA</i>	106.74	ng/dL	58 - 159	
Thyroxine (T4) <i>CMA</i>	8.85	µg/dL	4.87 - 11.72	
TSH <i>CMA</i>	1.57	µIU/mL	0.35 - 4.94	
				PREGNANCY: First trimester : 0.1 - 2.5 Second trimester : 0.2 - 3.0 Third trimester : 0.3 - 3.0

INTERPRETATIONS

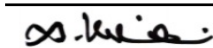
- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

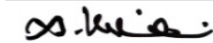
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



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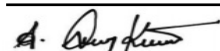


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Col Dt. Time : 14-Aug-2024 08:35	Recv Dt. Time : 14-Aug-2024 08:35	Sample Type : Urine	
Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ : 14-Aug-2024 16:42	Report Printed : 17-Aug-2024 12:54	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Straw		Straw to Yellow	
Reaction (pH) <i>Ion concentration</i>	6.0		4.6 - 8	
Specific gravity <i>pKa change</i>	1.005		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile Pigments <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Nitroprusside</i>	Negative		Negative	
Nitrites <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
Blood <i>Peroxidase</i>	Negative		Negative	
Leucocyte <i>Microscopy</i>	Nil	/HPF	0 - 5 cells/hpf	
<u>Microscopic Examination</u>				
Red Blood Cells <i>Ion concentration</i>	0.1		Nil	
Pus Cells	3.5	/HPF	Nil	
Epithelial Cells <i>Ion concentration</i>	1.2		0-1.1 cells/hpf	
Hyaline Casts	Nil	/HPF	Nil	
Pathological Casts	Nil	/HPF	Nil	
<u>Crystals</u>				
Calcium oxalate Monohydrate	Nil	/HPF	Nil	
Calcium oxalate Dihydrate	Nil	/HPF	Nil	
Triple phosphate	Nil	/HPF	Nil	
Uric Acid	Nil	/HPF	Nil	

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Reg Dt. Time : 14-Aug-2024 08:22	Report Released @ : 14-Aug-2024 16:42	Report Printed : 17-Aug-2024 12:54

Bacteria <i>Ion concentration</i>	Nil	0-29.5 p/hpf
Yeast <i>Ion concentration</i>	Nil	Nil
Amorphous Deposits	Nil	/HPF Nil

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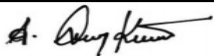


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Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel	UHID	:		
Col Dt. Time	: 14-Aug-2024 12:59	Recv Dt. Time	: 14-Aug-2024 12:59	Sample Type	: Urine PP
Reg Dt. Time	: 14-Aug-2024 08:22	Report Released @	: 14-Aug-2024 17:34	Report Printed	: 17-Aug-2024 12:54

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Post Prandial)	Not Present		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mrs. SUBHASHINI K	Sex/Age	: Female/29 Years
Ref. By	:	Lab ID	: 40834600572
Corporate	: NDPL - Mediwheel	Ref. ID	:
Reg Dt. Time	: 14-Aug-2024 08:22	UID	:
Sample Dt. Time	: 14-Aug-2024 08:28	Report Released @	: 14-Aug-2024 12:48
		Report Printed @	: 17-Aug-2024 12:54
		Sample Type	: Health Check,Ultrasound,XRAY

ECHOCARDIOGRAM REPORT

WholeAbdomen :

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows **diffuse fatty changes** with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures: 9.6 x 4.1 cms.

The left kidney measures: 9.8 x 4.0 cms.



Ranjani S
Verified By

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுக்க
DR. RAMYA
Sonologist

TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mrs. SUBHASHINI K	Sex/Age	: Female/29 Years
Ref. By	:	Lab ID	: 40834600572
Corporate	: NDPL - Mediwheel	Ref. ID	:
		UID	:
Reg Dt. Time	: 14-Aug-2024 08:22	Report Released @	: 14-Aug-2024 12:48
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Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

The ureters are not dilated.

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures: 8.7 x 3.2 cms.

Myometrial echoes are homogeneous. The endometrium is normal and measures 7.7 mm.

The right ovary measures: 3.4 x 3.0 x 2.3 cms, volume : 12.6 cc

The left ovary measures: 3.2 x 2.2 x 2.6 cms, volume : 10.1 cc

Both ovaries show multiple small follicles in the periphery

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa.

The appendix is not visualized.

IMPRESSION :



Ranjani S
Verified By

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுக்க
DR. RAMYA
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TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mrs. SUBHASHINI K	Sex/Age	: Female/29 Years
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		Sample Type	: Health Check,Ultrasound,XRAY

- **GRADE I FATTY LIVER**
- **POLY CYSTIC OVARIES**
- **OTHER ORGANS ARE NORMAL**

Remarks :

Tmt Negative For Inducible Ischaemia

----- End Of Report -----



Ranjani S
Verified By

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுக்காதிங்க
DR. RAMYA
Sonologist

<i>Patient Name</i>	Mrs SUBHASHINI K	<i>Patient ID</i>	600572
<i>Age/D.O.B</i>	29Y	<i>Gender</i>	F
<i>Referring Doctor</i>	NA	<i>Date</i>	14 Aug 24

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

HILAR/MEDIASTINAL:- No hilar or mediastinal mass seen.
BONY THORAX:- Visualised bony thorax is normal..
DOMES OF DIAPHRAGM:- Both domes of diaphragm are normal.
LUNG FIELDS:- Visualised lung fields are clear.
CARDIAC SILHOUETTE:- Cardiac silhouette is within normal limits.
COSTOPHRENIC ANGLES:- Both costophrenic angles are clear.

Impression

No significant abnormality detected.

Reported By,



Dr. Aditi Agarwal
Page 17 of 21
MBBS, MD
Consultant Radiologist
TSMC - TSMC/FMR/30641

Disclaimer

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Personal Details
 UHID: 01VL1EMH6XT0QCW
 Patient ID: 572
 Name: Subhashini K
 Age: 29
 Gender: Female
 Mobile: 9940413613

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements

Interpretation

HR: 55 BPM
 PR: 159 ms
 PD: 119 ms
 QRSD: 82 ms
 QRS Axis: 27 deg
 QT/QTc: 411/411 ms

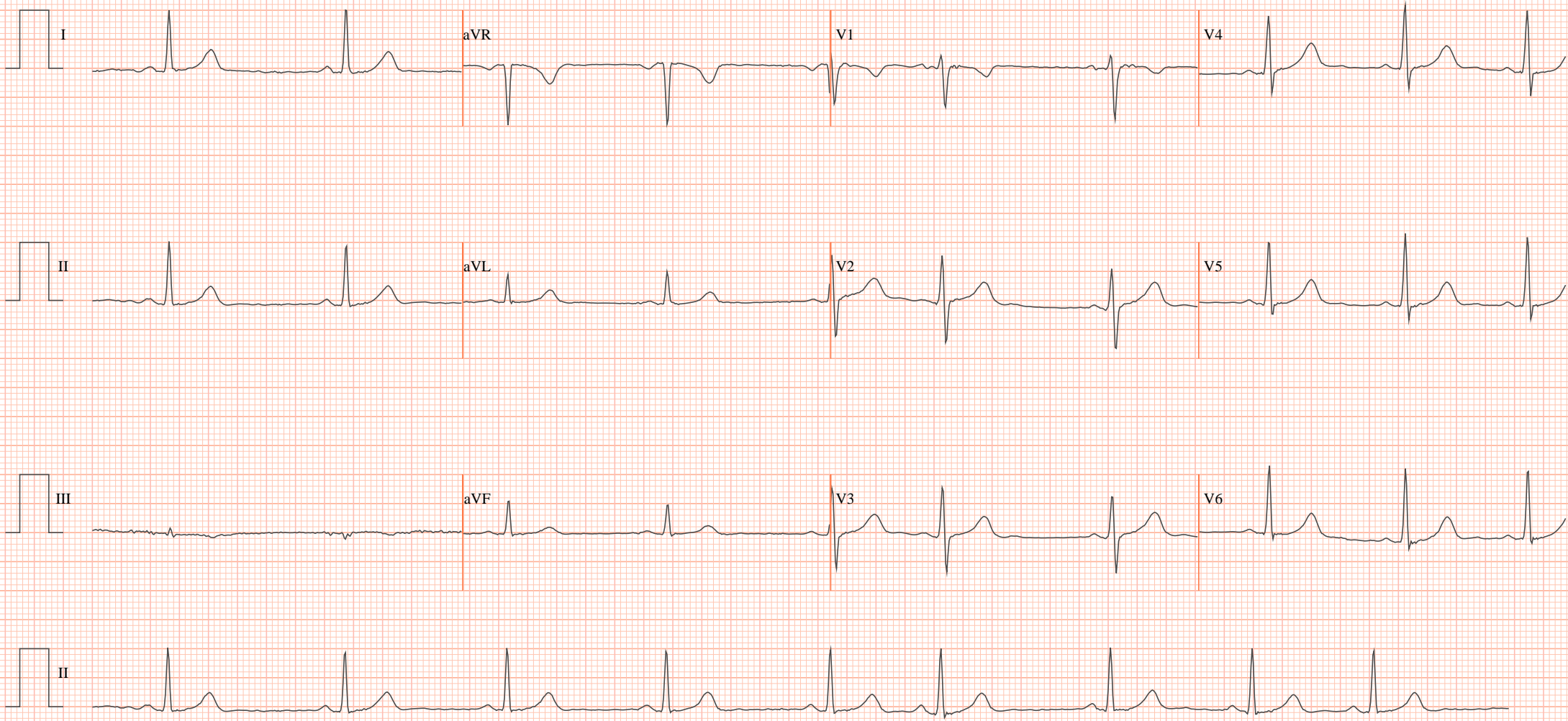
Sinus bradycardia with sinus arrhythmias
 Normal axis

TEST REPORT

Authorized by

 Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065

This trace is generated by **KardioScreen**; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

PREVENTIVE HEALTH CHECKS

Name: Mr./Mrs./Miss. K. Subhasini **Date:** 14 / 08 / 2024
Age: 29 yrs. **Sex:** Male / Female **PID No:** 600572
Case Examined by Dr. Medi wheel
Ref. by Dr. NDPL - Mediwheel.

Present Complaint:

Known Case of
 DM: Yes No HTN: Yes No CAD: Yes No Ashma: Yes No
 Anyothers:

Present medication:

Past History:
 Medical:

Surgical:

Gynaec. & Obstetric: CMP - June 29th.

Family History:

a) Allergy	b) Pressure	c) Diabetes	d) Thyroid	e) Cancer	f) Others
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Personal History Status:

Smoking:	<input checked="" type="checkbox"/> Non-smoker	<input type="checkbox"/> Smoker	Since: ___ Years
Alcohol:	<input checked="" type="checkbox"/> Nil	<input type="checkbox"/> Social	<input type="checkbox"/> Habitual
Diet:	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-vegetarian	
Physical Activity:	<input type="checkbox"/> Exercise:	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> No

PHYSICAL EXAMINATION

Height: 164 cms

Weight: 79 kgs

Gen. Examination: Anaemia Oedema Jaundice Others Normal

Blood Pressure 120/80 mmHg Pulse Rate 103 /min Normal

C.V.S.: S2 S2 1st & 2nd Sound, Murmurs Yes No

Abdomen: Soft C.N.S.: NRM R.S. NRS

Breast Examination:

LABORATORY INVESTIGATIONS

Haematology: WBC 126.20 ↑; CRP / HbL 6.74 ↑

Biochemistry:

Clinical Pathology: Urine Routine WNL

ECG (Resting): Sinus Bradycardia

X-Ray (Chest): Study

SCAN (Abdomen): LI + fatty liver / polycystic ovaries

Echocardiogram: —

Treadmill (CST): —

SPIROMETRY: —

PAP SMEAR: —

OTHERS: S15 D5 (C)

CLINICAL IMPRESSION: Normal Health

overweight / Deranged lipid profile,

ADVICE:

1) Fat restricted diet, weight reduction

2) physician gynaecologist consult & follow up.

Doctor's Signature

[Handwritten Signature]