



EYE CHECK-UP REPORT

NAME : Mrs. Mouniya. S

DATE : 11/3/23

AGE /SEX : 30/F

UHD NUM : 10209943

Chief complaints : Regular eye check up

Past history : —

Systemic Diseases : —

DISTANCE VISION :

WITH OUT GLASS : 6/6st, N6 6/9, N6

WITH GLASS : 6/6, N6 6/6, N6

COLOR VISION : NORMAL / ABNORMAL

GLASS PRESCRIPTION :

EYE	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
DISTANCE	±	0.50	80°	6/6	0.50	0.50	80°	6/6
ADD	—	—	—	N6	—	—	—	N6

ANTERIOR SEGMENT : BE WNL

CORNEA & LENS :

REMARK : CONTINUE WITH SAME GLASSE ✓

ROUTINE CHECK UP AFTER 6/12 MONTH ✓

FUNDUSCOPY ONCE A YEAR



OPTOMETRIST

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Name : Mrs. Mouniya S Age/Gender : 31 Y O M 1 D / Female Consultant : DR. Gopaldaswamy G Lab No : 200056208 Sample Requested At : 11/03/2023 08:45:05 Sample Collected At : 11/03/2023 09:02:20 Sample Received At : 11/03/2023 11:55:41 Reported At : 11/03/2023 16:10:15 Authorized At : 11/03/2023 16:54:40	UHID : 10209943  Encounter No : OP912303114061 
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HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
Blood Group & Rh	B Positive			
Complete Blood Count (CBC)				
Haemoglobin	12.6	g%	12 - 15	COLORIMETRY
Haematocrit (PCV)	38.9	%	36 - 46	COLORIMETRY
Total WBC Count	4600	cells/cum m	4000 - 10000	FLOWCYTOMETRY
Platelet Count	289	thous/cum m	150 - 410	IMPEDANCE METHOD
ESR	14	mm/hr	0 - 20	Photometrical capillary
Total RBC Count	4.51	mill/cumm	3.8 - 4.8	IMPEDANCE METHOD
MCV	86.1	fl	83 -101	Calculated Parameter
MCH	27.8	pg	27 - 32	Calculated Parameter
MCHC	32.3	%	31.5 -34.5	Calculated Parameter
Differential Count				
Polymorphs	47	%	40 - 80	FLOWCYTOMETRY
Lymphocytes	47	%	20 - 40	FLOWCYTOMETRY
Eosinophils	02	%	1 - 6	FLOWCYTOMETRY
Monocytes	04	%	2 -10	FLOWCYTOMETRY
Basophilis	00	%	0 - 2	FLOWCYTOMETRY



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HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
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*** End Of Report ***

Dineshi



Seen By Doctor

Authorized By

Verified By
ANITHA S

DR DINESHI S
Clinical Pathologist



Name : Mrs. Mouniya S Age/Gender : 31 Y O M 1 D / Female Consultant : DR. Gopalswamy G Lab No : 100072724 Sample Requested At : 11/03/2023 08:45:05 Sample Collected At : 11/03/2023 11:41:05 Sample Received At : 11/03/2023 13:49:51 Reported At : 11/03/2023 17:30:49 Authorized At : 11/03/2023 17:31:02	UHID : 10209943  Encounter No : OP912303114061 
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BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
Plasma Glucose (F)	89	mg/dl	74 - 109	UV/Hexokinase
Plasma Glucose (2 Hrs. PP)	88	mg/dl	<140	UV/Hexokinase
Creatinine(serum)	0.7	mg/dl	0.5 - 0.9	Kinetic/Alkaline Picric acid
Uric Acid(serum)	3.4	mg/dl	2.4 - 5.7	Enzymatic Colorometric / Uricase
Lipid Profile				
Total Cholestrol	223	mg/dl	Desirable level : < 200 Borderline high : 200 - 239 High :> 240	Enzymatic Colorometric assay/CHOD-POD
Triglycerides	132	mgs/dl	< 150	Enzymatic Colorometric assay(GPO)
HDL Cholesterol (Direct)	44	mg/dl	45 - 65	Homogeneous enzymatic colometric assay
LDL (Direct)	160	mg/dl	Adult levels Optimal: < 100 Above optimal :100 - 129 Borderline high : 130 - 159 High:160 - 189 Very high :>=190	Homogeneous enzymatic colometric assay
VLDL	19	mgs/dl	< 35	
Total HDL Ratio	5.1		3.5 - 5.5	CALCULATED
Liver Function Tests (LFT)				
Bilirubin Total	0.5	mg/dl	Newborns : 24hours : >= 8.0 48 hours : < 13.0	Colorimetric assay /Diazo



Name : Mrs. Mouniya S
Age/Gender : 31 Y O M 1 D / Female
Consultant : DR. Gopaldaswamy G
Lab No : 100072724
Sample Requested At : 11/03/2023 08:45:05
Sample Collected At : 11/03/2023 11:41:05
Sample Received At : 11/03/2023 13:49:51
Reported At : 11/03/2023 17:30:49
Authorized At : 11/03/2023 17:31:02

UHID : 10209943



Encounter No : OP912303114061



BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
			84 hours : < 17.0 Children age >=1 month : upto1.0 Adults :upto1.2	
Bilirubin Direct	0.2	mg/dl	0.0 - 0.3	Colorimetric assay /Diazo
Bilirubin Indirect	0.3		0.0 - 0.7	CALCULATED
SGOT (AST)	14	IU/L	upto 32	UV without P5P
SGPT (ALT)	10	IU/L	upto 33	UV/IFCC
GGTP	14	U/L	upto 50	Enzymatic
Alkaline Phosphatase(serum)	66	U/L	35 - 104	Colorimetric assay/IFCC
Total Proteins(serum)	7.6	g/dl	6.6 - 8.7	Colorimetric assay/AMP
Albumin(serum)	4.7	g/dl	3.5 - 5.2	Colorimetric assay/BCG
Globulin(serum)	2.9		2.8 - 5.3	CALCULATED
A/G Ratio	1.6		1 - 2	
BUN(Blood Urea Nitrogen)				
Blood Urea	20	mg/dl	17-49	Kinetic/Urease
BUN(Blood Urea Nitrogen)	09	mg/dl	8 - 23	
HbA1c	5.9	%	Non Diabetic : <6.0 Good Control : 6.0 - 7.0 Fair Control : 7.0 - 8.0 Poor Control : >8.0	



Name : Mrs. Mouniya S
Age/Gender : 31 Y O M 1 D / Female
Consultant : DR. Gopaldaswamy G
Lab No : 100072724
Sample Requested At : 11/03/2023 08:45:05
Sample Collected At : 11/03/2023 11:41:05
Sample Received At : 11/03/2023 13:49:51
Reported At : 11/03/2023 17:30:49
Authorized At : 11/03/2023 17:31:02

UHID : 10209943



Encounter No : OP912303114061



BIOCHEMISTRY



Parameter	Result	Units	Biological Reference Range	Methodology
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*** End Of Report ***

Seen By Doctor

Verified By
NAZEEMA.S

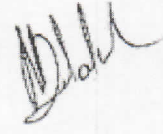
Authorized By
Dr B SHANTHI.MD
BIOCHEMISTRY CONSULTANT

Name : Mrs. Mouniya S Age/Gender : 31 Y O M 1 D / Female Consultant : DR. Gopaldaswamy G Lab No : 7000034978 Sample Requested At : 11/03/2023 08:45:05 Sample Collected At : 11/03/2023 09:02:20 Sample Received At : 11/03/2023 11:55:41 Reported At : 11/03/2023 13:13:50 Authorized At : 11/03/2023 13:31:38	UHID : 10209943  Encounter No : OP912303114061 
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IMMUNOLOGY

Parameter	Results	Units	Biological Reference Range	Methodology
FreeT3	3.11	pg/ml	1.8 - 4.2	ECLIA Method
FreeT4	1.38	ng/dl	0.8 - 2.2	ECLIA Method
TSH	4.07	uIU/ml	0.4 - 7.0	ECLIA Method

*** End Of Report ***





Verified By
RAMESH K

Seen By Doctor

DR BALAKRISHNAN R MD
Consultant biochemistry





Name : Mrs. Mouniya S Age/Gender : 31 Y O M 1 D / Female Consultant : DR. Gopaldaswamy G Lab No : 300021139 Sample Requested At : 11/03/2023 08:45:05 Sample Collected At : 11/03/2023 11:41:05 Sample Received At : 11/03/2023 11:55:41 Reported At : 11/03/2023 16:56:08 Authorized At : 11/03/2023 16:58:32	UHID : 10209943  Encounter No : OP912303114061 
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CLINICAL PATHOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
Urine Glucose (F)	Nil			
Urine Glucose (PP)	Nil			
Urine Routine				
colour	pale yellow (Slightly Turbid)			
pH	5.5			
Sp.Gravity	1.025			
Protein	Nil			
Glucose	Nil			
Leucocytes	3+			
Nitrite	Nil			
Blood	Nil			
Ketone	Absent			
Bilirubin	Nil			
Urobilinogen	Normal			
Pus Cells	Plenty /hpf			
Epithelial cells	15 - 20 / hpf			
RBCs	Nil			
Casts	Nil			
Crystals	Nil			



Name : Mrs. Mouniya S Age/Gender : 31 Y O M 1 D / Female Consultant : DR. Gopaldaswamy G Lab No : 300021139 Sample Requested At : 11/03/2023 08:45:05 Sample Collected At : 11/03/2023 11:41:05 Sample Received At : 11/03/2023 11:55:41 Reported At : 11/03/2023 16:56:08 Authorized At : 11/03/2023 16:58:32	UHID : 10209943  <hr/> Encounter No : OP912303114061 
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CLINICAL PATHOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
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*** End Of Report ***

Verified By
SOUNDHARYA E

Seen By Doctor

Dineshi
 Authorized By
DR DINESHI S
 Clinical Pathologist



Patient Name	Mrs. Mouniya S	Age / Sex	31 Y/F
Patient ID	10209943	Visit No.	1
Ref. By	Dr. Gopalaswamy .G	Visit Date	11.03.2023

USG ABDOMEN AND PELVIS

Real time B-mode Ultrasonography of Upper Abdomen, KUB and Pelvis done

UPPER ABDOMEN:

Liver is normal in size (12.5 cm) and shows uniform echo texture. No abscess or mass lesion in the liver. Intrahepatic biliary radicals not dilated. Portal and Hepatic veins appear normal.

Gall Bladder: Is adequately distended.

Shows multiple intraluminal mobile calculi, collectively measured 35 x 8 mm, each measured 4 -- 5 mm - Cholelithiasis. No wall edema. No pericholecystic fluid.

Common duct appeared normal. No calculi seen.

Pancreas: Head, body and tail appeared normal. Duct is not dilated.

Spleen appeared normal in size (7.8 cm) and shows homogenous echos.

KUB:

RT. Kidney measures 9.7 x 3.3 cm. Cortex appears normal!

Cortico medullary differentiation is maintained.

Pelvicalyceal system is not dilated. No calculus is seen.

Right ureter is not dilated.

LT. Kidney measures 9.0 x 3.9 cm. Cortex appears normal

Cortico medullary differentiation is maintained.

Pelvicalyceal system is not dilated. No calculus is seen.

Left ureter is not dilated.

Bladder : is normal in contour. No calculus, mass or diverticulum is seen.

PELVIS :

Uterus measures 7.1 x 3.3 cm. Retroverted.

Shows homogenous myometrial echoes. No focal lesion

Endometrial thickness 6.6 mm, cavity appears normal.

Cervix: Appear normal in size. No focal lesion.

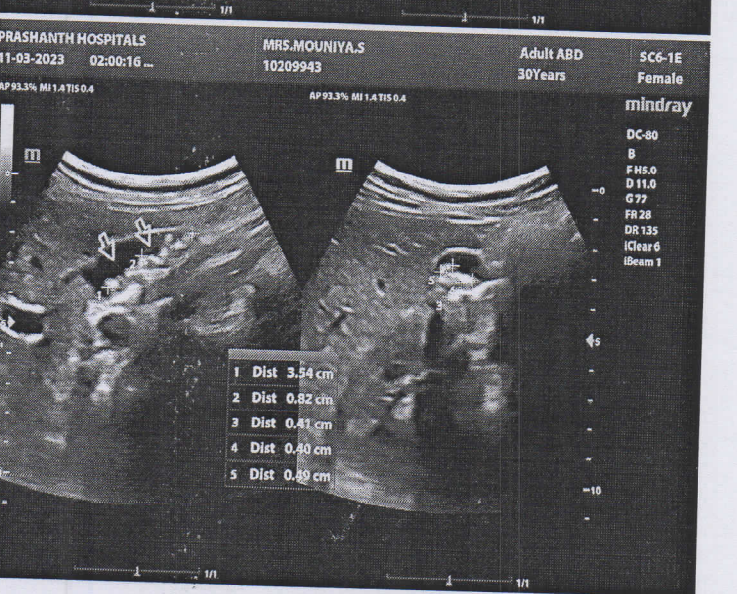
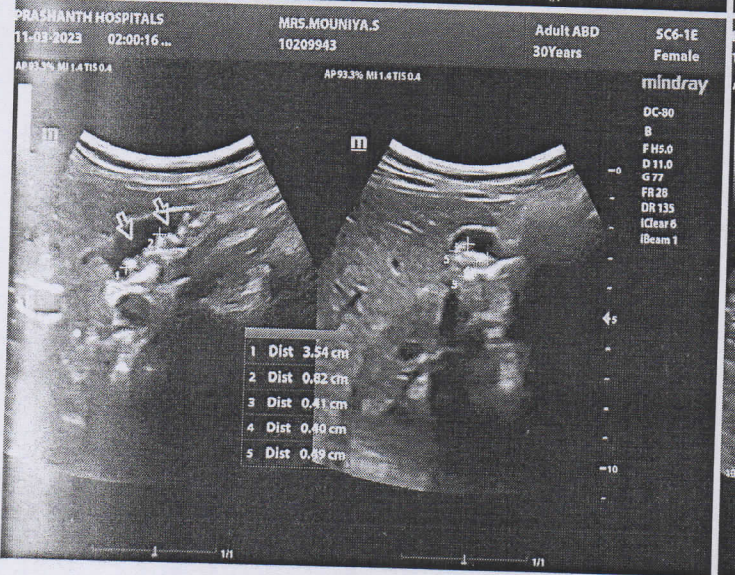
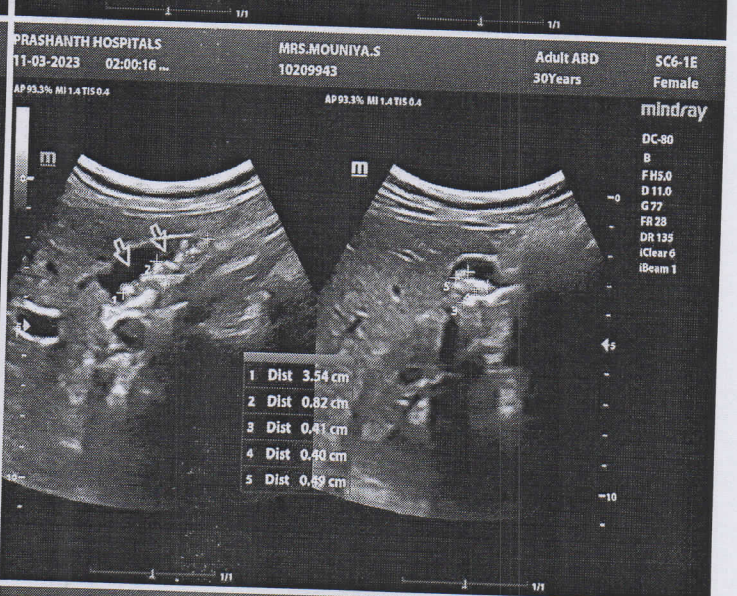
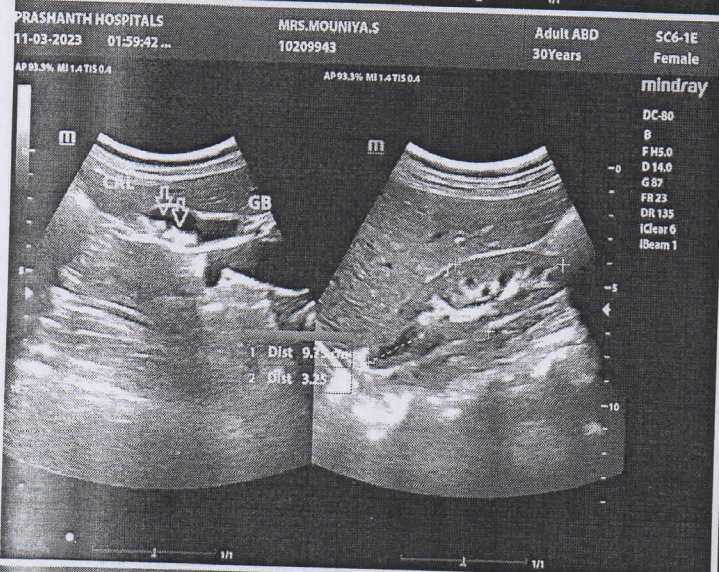
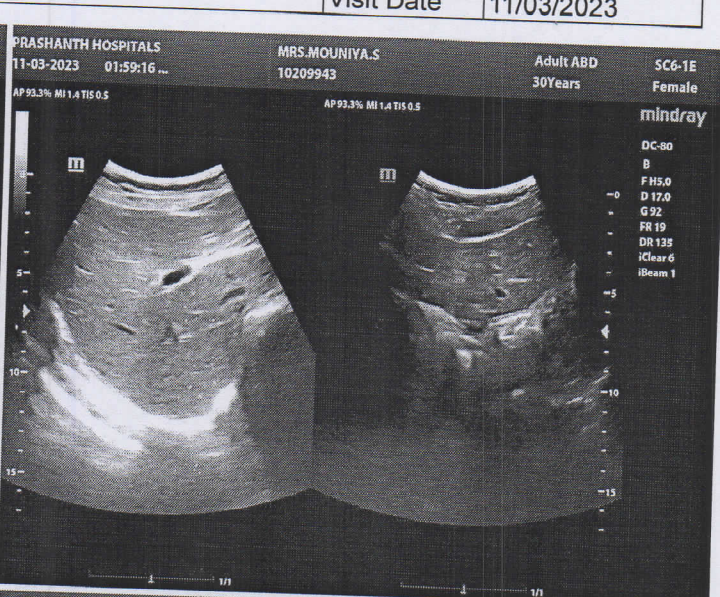
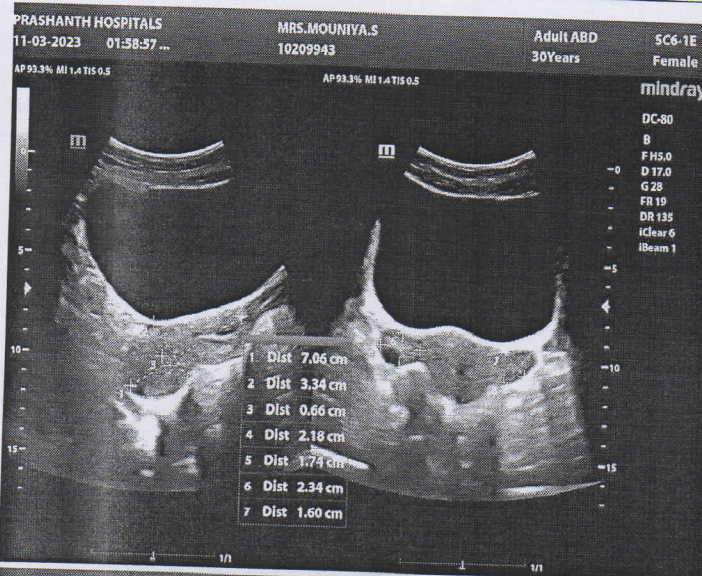
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clinical features and with further investigations. Not for medico legal purpose.

Patient name	Mrs. MOUNIYA.S.	Age/Sex	30 Years / Female
Patient ID	10209943	Visit No	2
Referred by	Dr. Gopalaswamy. G	Visit Date	11/03/2023





PRASHANTH HOSPITALS

NAME : MRS.MOUNIYA S
OP NO : 912303114061
AGE/SEX : 31 Y/Female
CONSULTANT : .

UHID : 10209943
LAB ID : 9121175077
Request Date : 11/03/2023 08:45:05
Report Date : 11/03/2023

DEPARTMENT OF CARDIOLOGY

INVESTIGATION : 2D ECHO/TMT

LV MEASUREMENTS

AO	23 mm	IVS d/s	07 /08 mm
LA	28 mm	LVPW d/s	07 /07 mm
LVID (ED)	31 mm	EF	70 %
LVID (ES)	20 mm	FS	40 %

MORPHOLOGICAL DATA

MITRAL VALVE :

AML : NORMAL
PML : NORMAL
CHORDAE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
ATRIA : NORMAL
RIGHT VENTRICLE : NORMAL FUNCTION (TAPSE : 2.1 cm)
THROMBOSIS : NIL
INTER ATRIAL SEPTUM : INTACT
INTER VENTRICULAR SEPTUM : INTACT
AORTA : NORMAL
PULMONARY ARTERY : NORMAL
PERICARDIUM:- : NORMAL

DOPPLER DATA :

NORMAL E/A RATIO AT MITRAL INFLOW
MITRAL VALVE : TRIVIAL MR, E :63 cm/s A : 43 cm/s
E/E' : 7.2 cm/s S' : 6.9 cm/s
AORTIC VALVE : NO AR , NO AS, VEL: 109 cm/s
PULMONARY VALVE : NO PR, NO PS, VEL : 78 cm/s
TRICUSPID VALVE : TRIVIAL TR / NO PAH / TRPG : 21 mmHg

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PRASHANTH HOSPITALS

IMPRESSION:

- * NO REGIONAL WALL MOTION ABNORMALITY
- * NORMAL LV DIMENSIONS WITH NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION (LVEF : 70 %)
- * NORMAL RIGHT VENTRICLE FUNCTION (TAPSE: 2.1 cm)
- * NO PERICARDIAL EFFUSION
- * NO EVIDENCE OF CLOT OR VEGETATION

DONE BY :KARTHIKA. V
ECHO TECHNOLOGIST

DR.K.DHAMODARAN.,MD.,DM.,FNB.,FESC.,FSCAI
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST

DR.M.KATHIRESAN.,MD.,DM.,FNB,FESC.,FSCAI
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST

DR.SIVAKUMAR.,MD.,DNB.,FNB
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST

DR.D.SHANMUGA SUNDARAM,MD.,DNB (Cardio)
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST
(DK HEART CARE TEAM)

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Mrs Mouniya S
ID: 10209943

30 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 94 ms
QT / QTcBaz : 368 / 416 ms
PR : 172 ms
p : 120 ms
RR / PP : 778 / 779 ms
P / QRS / T : 72 / 65 / -6 degrees

Normal sinus rhythm
Possible Left atrial enlargement
Nonspecific T wave abnormality
Abnormal ECG

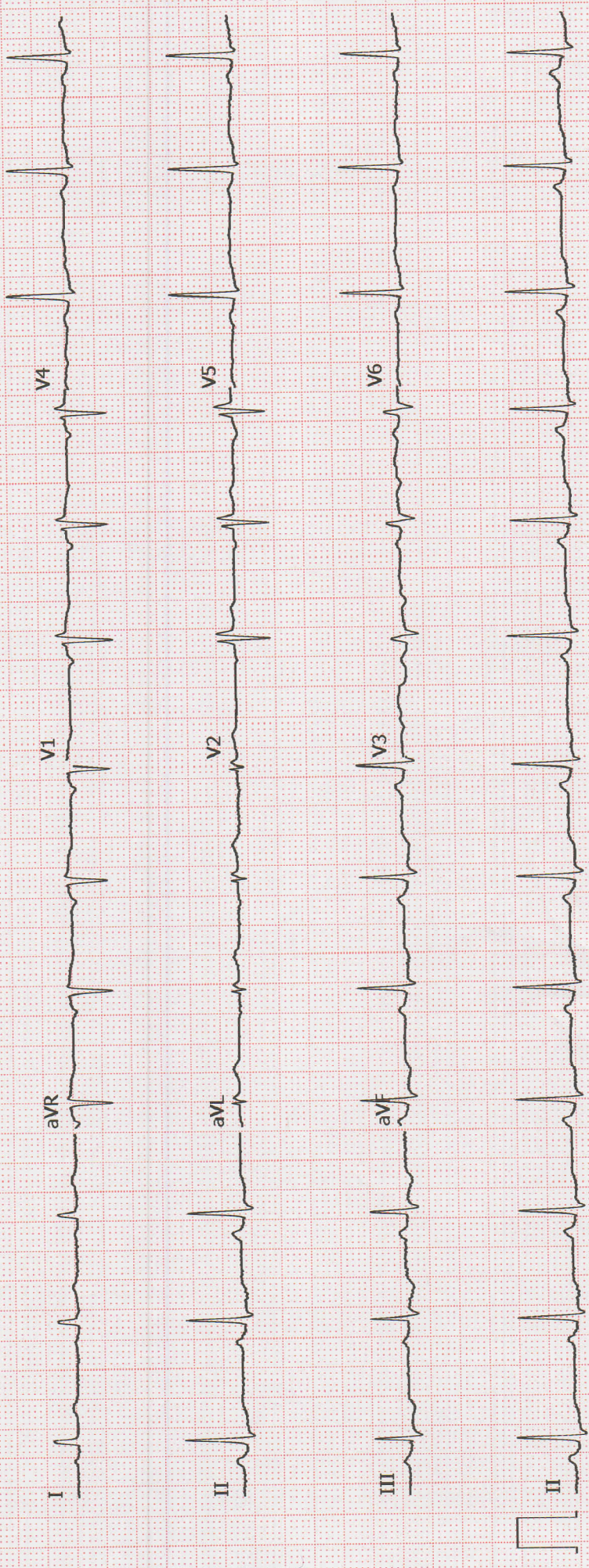
SR
NIM
✓

11.03.2023 10:23:36
PRASANTH SUPERSPECIALITY
VELACHERY
CHENNAI

Location:
Order Number:
Visit:
Indication 1:
Medication 2:
Medication 3:

Room:

77 bpm
-- / -- mmHg





Name	MOUNIYA S 31YRS/FEMALE	UHID	10209943
Study Date & Time	11-Mar-2023 11:57:44	Report Date & Time	13-Mar-2023 13:25:33
Ref dr.	DR. G . GOPALASWAMY		

CHEST X-RAY

Trachea and both main bronchi are normal
Cardiac silhouette and cardiothoracic ratio are normal
Bilateral lung fields are clear. No focal lesion seen.
The cardiophrenic and costophrenic angles are free.
Both hemi diaphragms appear normal.
Bony thorax appears normal.

IMPRESSION:

No significant abnormality detected.

**Dr.NARMADHA, DMRD
CONSULTANT RADIOLOGIST
TNMC:REG NO:93293**