

POORNIMA KONDLI 29 MED111034986 F CHEST PA 3/26/2022
MEDALL CLUMAX DIAGNOSTIC

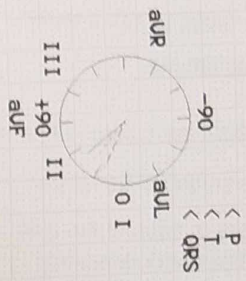
1212

GE MAC1200 ST
Female

GE Healthcare REF: 1019720151
PORNIMA KONDLI, 111034986, CLUMAX DIAGNOSTICS, MYSORE

LOT D708
HR 61 bpm

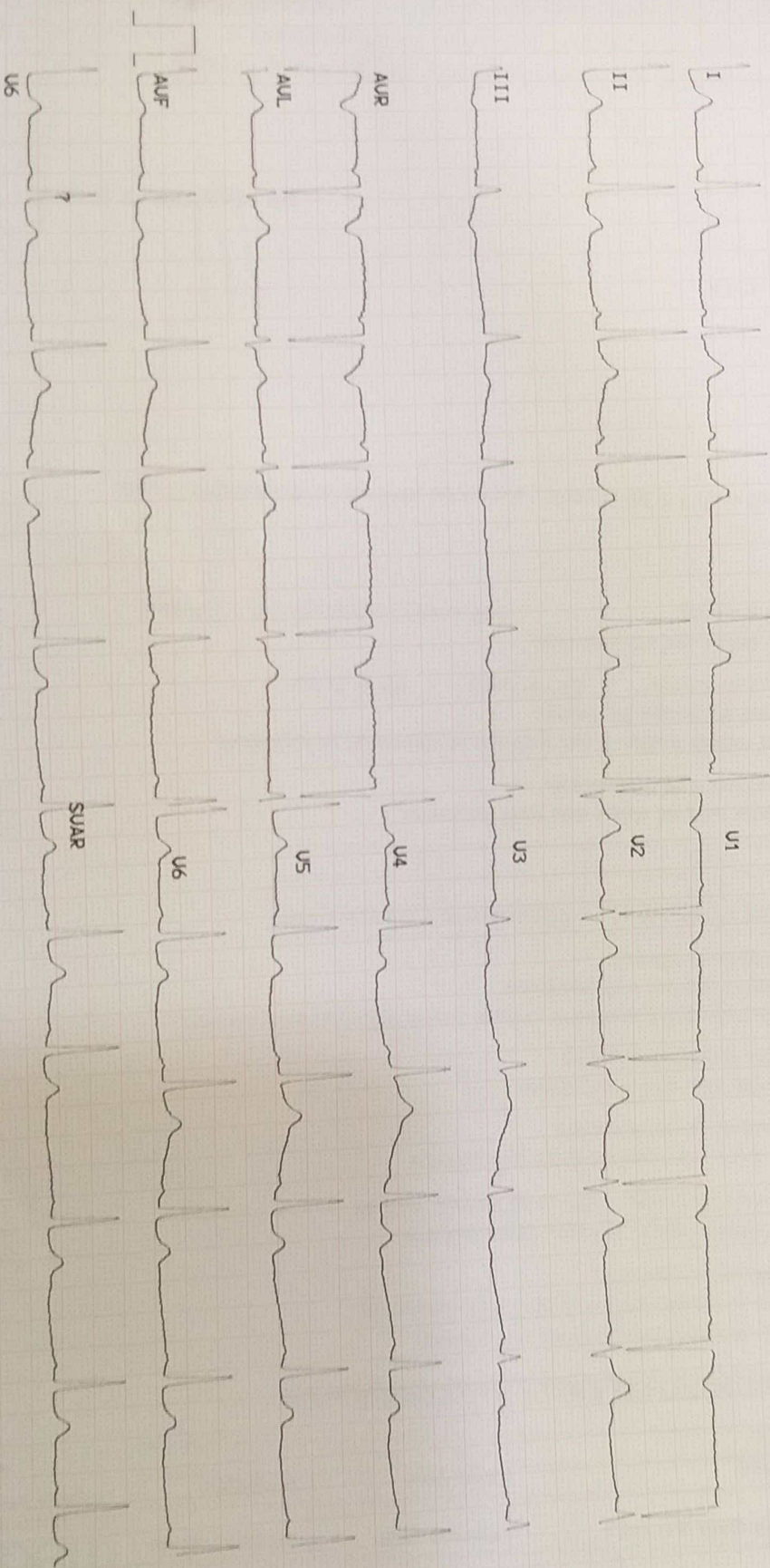
AGE: 29
 Measurement Results:
 QRS : 90 ms
 QT/QTcB : 398 / 399 ms
 PR : 154 ms
 P : 112 ms
 RR/PP : 996 / 995 ms
 P/QRS/T : 40 / 50 / 25 degrees
 QTcD/QTcBD : 54 / 54 ms
 Sokolow NK : 2.4 mV / 8



Interpretation:
normal ECG

Normal sinus rhythm

Unconfirmed report.



Customer Name	MRS.POORNIMA KONDLI	Customer ID	MED111034986
Age & Gender	29Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

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 made out.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.7	1.7
Left Kidney	11.5	1.8

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

UTERUS is *anteverted and mildly bulky*. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 10.3mms.
Uterus measures as follows: LS: 9.8cms AP: 4.9cms TS: 6.2cms.

OVARIES are normal size, shape and echotexture.
Right ovary measures: 3.2 x 2.1 cms Left ovary measures: 2.9 x 1.6 cms
POD & adnexa are free.

No evidence of ascites.

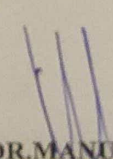
Right Iliac Fossa was scanned with 7.5 MHz probe, shows no obvious demonstrable lesion.

Impression:

➤ *Mild Bulky Uterus.*

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MNI/MG


DR. MANUPRATAP N

Customer Name	MRS POORNIMA KONDLI	Customer ID	MEDD11074196
Age & Gender	29Y/FEMALE	Visit Date	16/03/2023
Ref Doctor	Med/Wheel		



Customer Name	MRS.POORNIMA KONDLI	Customer ID	MED111034986
Age & Gender	29Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.4cms
LEFT ATRIUM	:	2.6cms
LEFT VENTRICLE (DIASTOLE)	:	4.0cms
(SYSTOLE)	:	2.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	63ml
ESV	:	21ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	64%
RVID	:	1.4cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.90m/s	'A' - 0.34m/s	NO MR
AORTIC VALVE	:	1.13m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.80m/s	'A' - 0.40m/s	NO TR
PULMONARY VALVE	:	0.78m/s		NO PR



medall
DIAGNOSTICS
experts who care

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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 prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

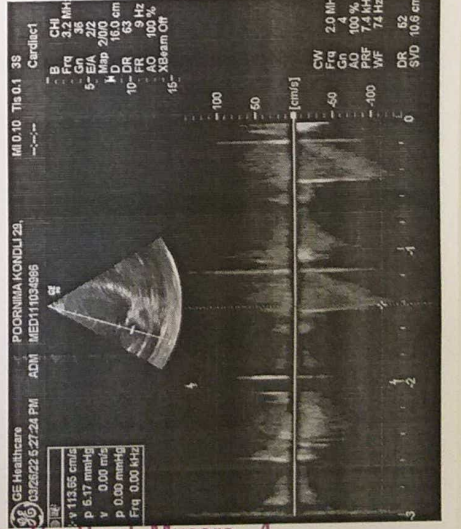
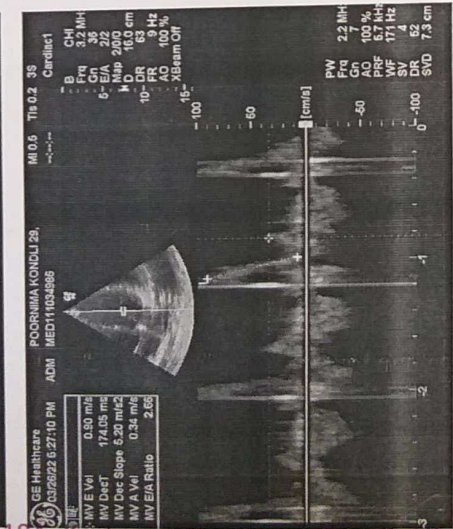
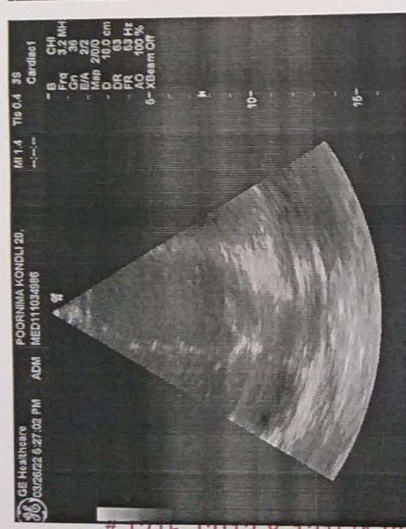
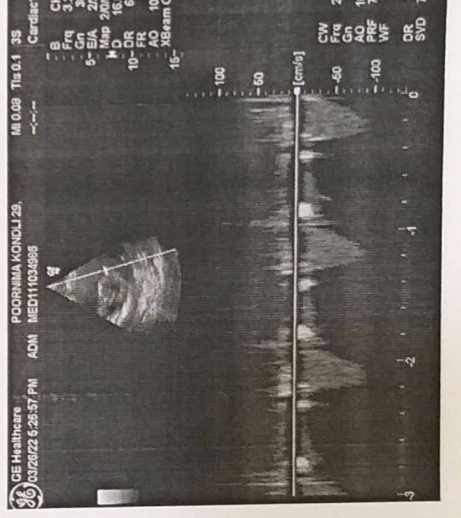
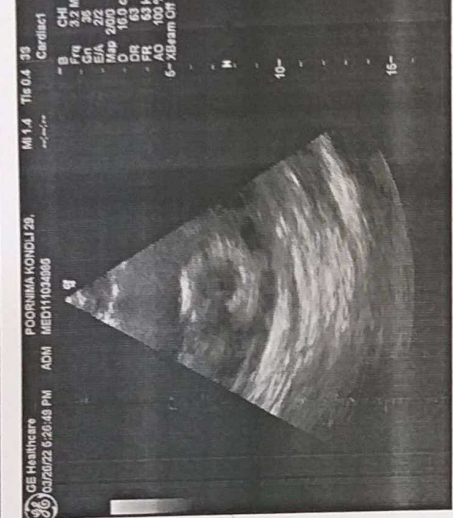
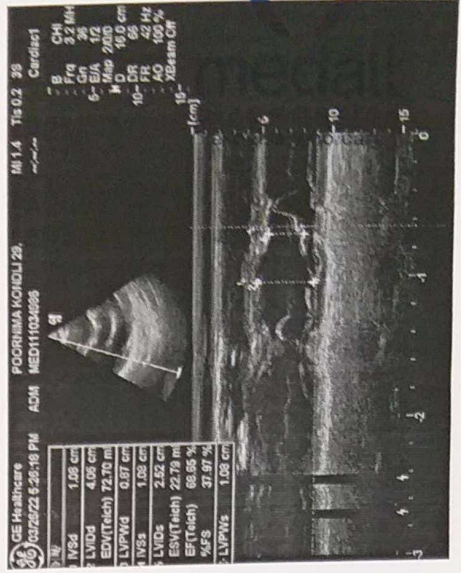
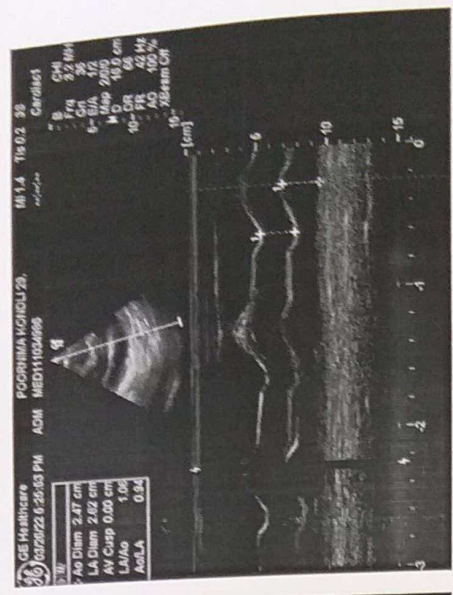
IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF:64%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA



T215, CH12 & T215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
 Phone : 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in

Name : Mrs. POORNIMA KONDLI
PID No. : MED111034986
SID No. : 712209570
Age / Sex : 29 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 26/03/2022 11:35 AM
Collection On : 26/03/2022 12:18 PM
Report On : 26/03/2022 10:28 PM
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.0	g/dL	12.5 - 16.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	41.1	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.62	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	89.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	30.3	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.1	g/dL	32 - 36
RDW-CV (Derived)	12.8	%	11.5 - 16.0
RDW-SD (Derived)	39.87	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	9100	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	70	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	26	%	20 - 45


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	6.37	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.37	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.18	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.18	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	273	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	7.1	fL	8.0 - 13.3
PCT	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Automated ESR analyser)	24	mm/hr	< 20

Remark: kindly correlate clinically


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Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	145	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	77	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/Immunoinhibition)	42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	87.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	103.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

Dr.ROHINI KUMAR Ph.D,
Consultant Microbiologist

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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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.

Total Cholesterol/HDL Cholesterol Ratio
(Serum/Calculated)

3.5

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)

1.8

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

2.1

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0

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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	119.76	mg/dL
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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.

Dr. ROHINI KUMAR Ph.D,
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.18	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/Chemiluminescent Immunometric Assay (CLIA))	9.29	Microg/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 Immunometric Assay (CLIA))	1.832	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&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


Dr Shouree K.R
MBBS MD DNB
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <i>£</i> Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick <i>£</i> Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick £Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	4-6	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil


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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' Positive'

Remark: Test to be confirmed by Gel method .

A handwritten signature in blue ink over a circular logo with blue and pink segments.

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

A handwritten signature in blue ink over a circular logo with blue and pink segments.

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BIOCHEMISTRY

BUN / Creatinine Ratio	9		6-22
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	83	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 Postprandial (PPBS) (Plasma - PP/GOD - POD)	97	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9	mg/dL	0.6 - 1.1

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)	5.5	mg/dL	2.6 - 6.0
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VERIFIED BY

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MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

Name	POORNIMA KONDLI	ID	MED111034986
Age & Gender	29Y/F	Visit Date	Mar 26 2022 11:35AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/SV



Dr. Anitha Adarsh
Consultant Radiologist