Name	:	**Ms. DEEPAVATHI SUKANYA BAI**			
PID No.	:	MED121726918	**Register On**	:	11/03/2023 9:05 AM
SID No.	:	522303725	**Collection On**	:	11/03/2023 10:08 AM
Age / Sex	:	31 Year(s) / Female	**Report On**	:	11/03/2023 6:19 PM
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Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*Spectrophotometry*)	12.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.4	%	37 - 47
RBC Count (EDTA Blood)	4.64	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	**31.5**	g/dL	32 - 36
RDW-CV	15.2	%	11.5 - 16.0
RDW-SD	**46.23**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6800	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	40.9	%	40 - 75
Lymphocytes (Blood)	45.0	%	20 - 45
Eosinophils (Blood)	**6.1**	%	01 - 06
Monocytes (Blood)	7.1	%	01 - 10

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood)	0.9	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood)	2.78	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.06	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.41	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.48	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	264	10^3 / µl	150 - 450
MPV (Blood)	8.4	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	14	mm/hr	< 20

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APPROVED BY

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Age / Sex : 31 Year(s) / Female

Type : OP

Ref. Dr : **MediWheel**

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
**Liver Function Test**			
Bilirubin(Total) (Serum/_DCA with ATCS_)	0.32	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/_Diazotized Sulfanilic Acid_)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/_Derived_)	0.20	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/_Modified IFCC_)	18.40	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/_Modified IFCC_)	25.76	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/_IFCC / Kinetic_)	16.82	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/_Modified IFCC_)	67.4	U/L	42 - 98
Total Protein (Serum/_Biuret_)	7.03	gm/dl	6.0 - 8.0
Albumin (Serum/_Bromocresol green_)	4.17	gm/dl	3.5 - 5.2
Globulin (Serum/_Derived_)	2.86	gm/dL	2.3 - 3.6
A : G RATIO (Serum/_Derived_)	1.46		1.1 - 2.2

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/_CHOD-PAP with ATCS_)	151.23	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/_GPO-PAP with ATCS_)	87.31	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/_Immunoinhibition)_	**31.54**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/_Calculated_)	102.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/_Calculated_)	17.5	mg/dL	< 30
Non HDL Cholesterol (Serum/_Calculated_)	119.7	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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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	4.8		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*)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	5.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood*)*	114.02	mg/dL	

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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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	1.46	ng/ml	0.7 - 2.04

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 (Tyroxine) - Total (Serum/*ECLIA*)	8.59	µg/dl	4.2 - 12.0

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/*ECLIA*)	1.65	µIU/mL	0.35 - 5.50

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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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION (URINE COMPLETE)			
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	40		
CHEMICAL EXAMINATION (URINE COMPLETE)			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.007		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**0-1**	/hpf	NIL
Epithelial Cells (Urine)	**0-1**	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

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Reg No : 100674

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING   'O' 'Positive'
(EDTA Blood/*Agglutination*)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

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BIOCHEMISTRY

BUN / Creatinine Ratio	9.8		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	89.39	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/*GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	89.31	mg/dL	70 - 140

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)*	7.7	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.78	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/*Enzymatic)*	5.75	mg/dL	2.6 - 6.0

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APPROVED BY

-- End of Report --

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.7cms) and has increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER partially distended, shows calculus measuring 9.7mm. No pericholecystic fluid. No wall thickening.
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.

BOTH KIDNEYS
Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.
The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.2
Left Kidney	11.1	1.2

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

UTERUS is anteverted, bulky and heterogeneous predominantly hyper echoic involving in the anterior wall.
Endometrial echo is of normal thickness - 7.7mm.
Uterus measures LS: 7.0cms   AP: 4.0cms   TS: 5.8cms.

OVARIES are bulky and show multiple tiny peripherally arranged follicles with central echogenic stroma.
Right ovary measures 4.1 x 4.2 x 1.8cms, volume 17.2cc.
Left ovary measures 3.6 x 2.1 x 3.9cms, volume 14.2cc.

POD & adnexa are free.
No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**

Name	MS.DEEPAVATHI SUKANYA BAI	ID	MED121726918
Age & Gender	31Y/FEMALE	Visit Date	11 Mar 2023
Ref Doctor Name	MediWheel		

- **Anterior wall focal uterine adenomyosis.**
- **Morphological features of polycystic ovaries.**

   Suggested correlation with hormonal assay.

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Lr

Name	MS.DEEPAVATHI SUKANYA BAI	ID	MED121726918
Age & Gender	31Y/FEMALE	Visit Date	11 Mar 2023
Ref Doctor Name	MediWheel		

Name	MS.DEEPAVATHI SUKANYA BAI	ID	MED121726918
Age & Gender	31Y/FEMALE	Visit Date	11 Mar 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.62	cms.
LEFT ATRIUM	:	2.70	cms.
AVS	:	1.47	cms.

LEFT VENTRICLE

(DIASTOLE)	:	3.97	cms.
(SYSTOLE)	:	2.55	cms.

VENTRICULAR SEPTUM :

(DIASTOLE)	:	1.04	cms.
(SYSTOLE)	:	1.27	cms.

POSTERIOR WALL :

(DIASTOLE)	:	1.43	cms.
(SYSTOLE)	:	1.62	cms.
EDV	:	68	ml.
ESV	:	23	ml.
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s   A - 0.6 m/s   NO MR.

AORTIC VALVE: 1.1 m/s   NO AR.

TRICUSPID VALVE: E - 0.4 m/s   A - 0.3 m/s   NO TR.

PULMONARY VALVE: 0.8 m/s   NO PR.

Name	MS.DEEPAVATHI SUKANYA BAI	ID	MED121726918
Age & Gender	31Y/FEMALE	Visit Date	11 Mar 2023
Ref Doctor Name	MediWheel		

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

Name	MS.DEEPAVATHI SUKANYA BAI	ID	MED121726918
Age & Gender	31Y/FEMALE	Visit Date	11 Mar 2023
Ref Doctor Name	MediWheel		

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	DEEPAVATHI SUKANYA BAI	Customer ID	MED121726918
Age & Gender	31Y/F	Visit Date	Mar 11 2023 9:05AM
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: *No significant abnormality detected.*

DR.G KAMESH
CONSULTANT RADIOLOGIST

Patient Name	Deepavati.	Date	11 3 23
Age	31 yrs	Visit Number	
Sex	Female	Corporate	

GENERAL PHYSICAL EXAMINATION

Identification Mark : —

Height : 150 — cms

Weight : 70.6 kg kgs

Pulse : 78 b/m . /minute

Blood Pressure : 100/70mmHg mm of Hg

BMI : 31.4

BMI INTERPRETATION
Underweight = <18.5
Normal weight = 18.5-24.9
Overweight = 25-29.9

Chest :

Expiration : 82 cms

Inspiration : 88 cms

Abdomen Measurement : 80 cms

Eyes : NAD   Ears : NAD

Throat : NAD   Neck nodes : no palpable, no tender

RS: BIL NVBS   CVS: S_1 S_2 sounds clear, no murmur sounds

PA : soft c no tender   CNS: NAD.

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Signature

Dr. RITESH RAJ, MBBS
General Physician & Diabetologist
KMC Reg. No. 85875

QRS	78 ms
QT / QTcBaz	384 / 417 ms
PR	140 ms
P	74 ms
RR / PP	848 / 845 ms
P / QRS / T	63 / 11 / 35 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

GE   MAC2000   1.1   12SL™ v241   25 mm/s   10 mm/mV   ADS   0.56-20 Hz   50 Hz   4x2.5x3_25_R1   1/1

Unconfirmed