Mahesh Mob: 8618385220 9901569756

# SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eye Testing & Spectacles Clinic

#333. 8th Main 5th Cross Near Cambridge & Miranda School, HAL 3rd Stage, Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075 email : parvathiopticals@gmail.com

### SPECTACLE PRESCRIPTION

Sinha Shavini

5054

Mobil No:

Age / Gender 203 /f.

Date: 20/4/2074

Ref . No.

				Ker	· No.	15185135
SPH	RIGHT CYL AX	EYE VISION	- 55	LE	FT EY	
1,0			SPH	CYL	AXIS	VISION
DISTANCE		6/6		0.50	69	6/8
PD 63HD						

Advice to use glasses for:

□ DISTANCE □ FAR & NEAR □ READING

☐ COMPUTER PURFOSE

We Care Your Eyes

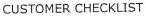
SRI PARVATHI OPTICS

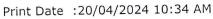
NEW THIPPASANDRA

## MED112152432

#### **CLUMAX DIAGNOSTICS**

MEDALL HEALTHCARE PVT LTD









Customer Name : MS.SINHA SHALINI

Ref Dr Name : **MediWheel** 

Customer Id : **MED112152432** Visit ID : **424023743** 

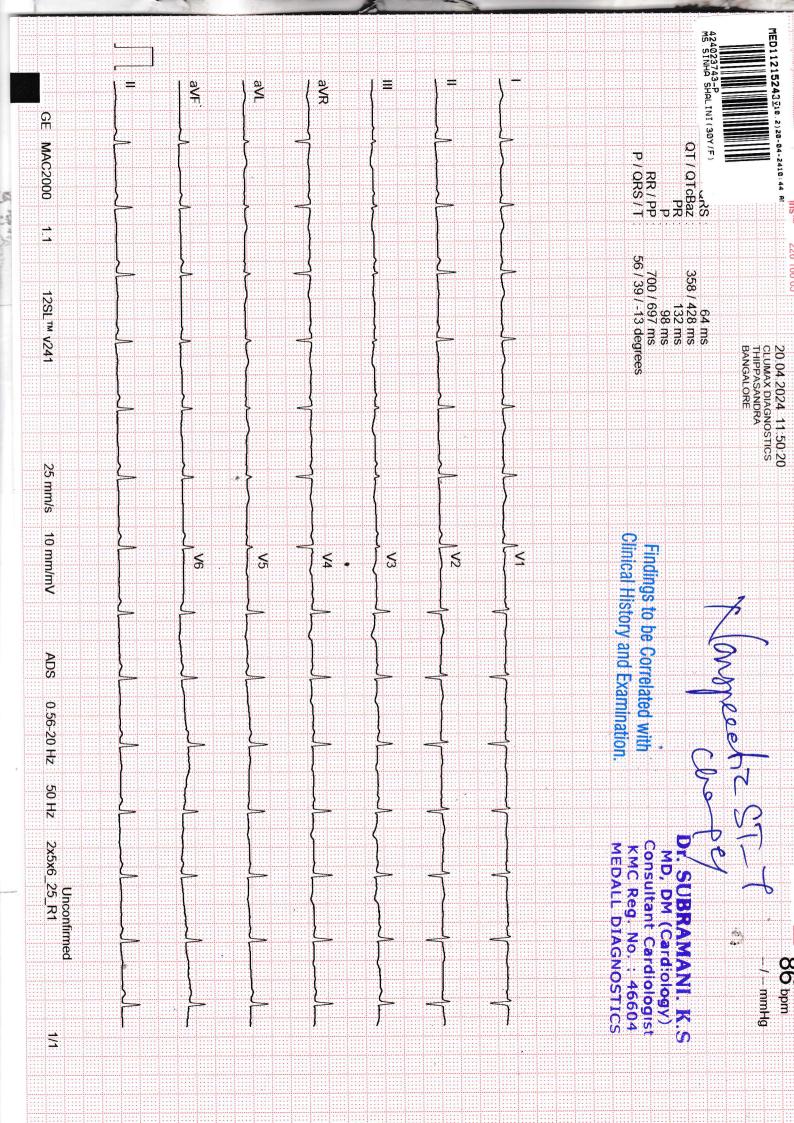
Age : **30Y/FEMALE** Phone No : **7717721735** 

DOB : **15 Mar 1994** Visit Date : **20/04/2024** 

Company Name : MediWheel

	Modality	lediwheel Full Body Health Checkup I	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	CREATININE			
3	LAB	GLUCOSE - FASTING			=
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)		li i	
6	LAB	URIC ACID			
7	LAB	LIPID PROFILE			
- 8	LAB	LIVER FUNCTION TEST (LFT)	3		
9	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)			
10	LAB	URINE GLUCOSE - FASTING			
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
12	LAB	COMPLETE BLOOD COUNT WITH ESR			
13	LAB	STOOL ANALYSIS - ROUTINE			
14	LAB	URINE ROUTINE			
15	LAB	BUN/CREATININE RATIO			·
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	,	1	
17	ECG	ECG	IND14613391138	1	
18	OTHERS	Treadmill / 2D Echo	IND146133914690		
19	OTHERS	physical examination	IND146133915279		A
20-	US	ULTRASOUND ABDOMEN	IND146133915292		-0
21	OTHERS	EYE CHECKUP	IND146133917756		
22	X-RAY	X RAY CHEST	IND146133918659		
23	OTHERS	Consultation Physician	IND146133918736	<u> </u>	Registerd By

egistera by (HARI.O)



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 : 23/04/2024 12:14 PM

Ref. Dr : MediWheel

Investigation  BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)  Complete Blood Count With - ESR	Observed Value 'O' 'Positive'	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESK			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	41.2	%	37 - 47
RBC Count (EDTA Blood)	4.69	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.10	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	54.0	%	40 - 75
Lymphocytes (EDTA Blood)	35.1	%	20 - 45
Eosinophils (EDTA Blood)	3.6	%	01 - 06
Monocytes (EDTA Blood)	6.5	%	01 - 10





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils (Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated I	Five Part cell count	er. All abnormal results ar	e reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.10	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.67	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.27	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.49	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	259	10^3 / μl	150 - 450
MPV (EDTA Blood)	10.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	2	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	77.06	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)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	85.50	mg/dL	70 - 140
(Plasma - PP/GOD-PAP)			





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<u>Investigation</u>	Observed Unit	<u>Biological</u>
-	Value	Reference Interval

#### 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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.68	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)  Liver Function Test	6.20	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.37	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.37	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.59	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.28	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	95.4	U/L	42 - 98





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Protein (Serum/Biuret)	7.15	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.36	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i> )	2.79	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.56		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	207.07	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	81.96	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 õusualö circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	54.17	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	136.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.4	mg/dL	< 30





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	152.9	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.8	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)	1.5	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)		

#### Glycosylatea Haemoglobin (HbA1c)

Normal: 4.5 - 5.6 HbA1C 5.5 Prediabetes: 5.7 - 6.4 (Whole Blood/HPLC) Diabetic:  $\geq 6.5$ 

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

Estimated Average Glucose 111.15 mg/dL

(Whole Blood)





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Investigation Observed Unit Biological Value Reference Interval

#### **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 HbAlC 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.

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.863 ng/ml 0.7 - 2.04

(Serum/ECLIA)

#### 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 6.31  $\mu$ g/dl 4.2 - 12.0

(Serum/ECLIA)

#### 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) 3.42 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

#### 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.

#### PHYSICAL EXAMINATION (URINE

COMPLETE)





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The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed</u> <u>U</u> <u>Value</u>	<u>Jnit</u>	<u>Biological</u> Reference Interval
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Light turbid		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URIN)</u> <u>COMPLETE)</u>	<u>E</u>		
pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.022		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
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION			





The results pertain to sample tested.

(URINE COMPLETE)

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
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.

Casts NIL /hpf NIL

(Urine)

Crystals Amorphous /hpf NIL

(Urine) urate and uric acid crystals seen





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**Investigation Observed** <u>Unit</u> **Biological Value** Reference Interval BUN / Creatinine Ratio 6.0 - 22.0 11.61





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InvestigationObservedUnitBiologicalValueReference Interval

**URINE ROUTINE** 





**APPROVED BY** 

-- End of Report --

Name	MS.SINHA SHALINI	ID	MED112152432
Age & Gender	30Y/FEMALE	Visit Date	20 Apr 2024
Ref Doctor Name	MediWheel		

#### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA : 3.0cms

LEFT ATRIUM : 3.3cms

AVS :----

LEFT VENTRICLE (DIASTOLE) : 4.0cms

(SYSTOLE) : 2.6cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.9cms

(SYSTOLE) : 1.3cms

POSTERIOR WALL (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.6cms

EDV : 69ml

ESV : 24ml

FRACTIONAL SHORTENING : 35%

EJECTION FRACTION : 65%

EPSS :---

RVID : 1.9cms

#### **DOPPLER MEASUREMENTS:**

MITRAL VALVE : E' 1.16 m/s A' 0.67 m/s NO MR

AORTIC VALVE : 1.09 m/s NO AR

TRICUSPID VALVE : E' - m/s A' - m/s NO TR

PULMONARY VALVE : 0.76 m/s NO PR

Name	MS.SINHA SHALINI	ID	MED112152432
Age & Gender	30Y/FEMALE	Visit Date	20 Apr 2024
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:65 %.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE Kss/da

#### Note:

- \* Report to be interpreted by qualified medical professional.
- \* To be correlated with other clinical findings.
- \* Parameters may be subjected to inter and intra observer variations.
- \*Any discrepancy in reports due to typing errors should be corrected as soon as possible.

Name	MS.SINHA SHALINI	ID	MED112152432
Age & Gender	30Y/FEMALE	Visit Date	20 Apr 2024
Ref Doctor Name	MediWheel		

Name	MS.SINHA SHALINI	ID	MED112152432
Age & Gender	30Y/FEMALE	Visit Date	20 Apr 2024
Ref Doctor Name	MediWheel	-	

#### **ABDOMINO-PELVIC ULTRASONOGRAPHY**

**LIVER** shows 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 is partially distended and shows a calculus measuring about 7mm in size within the lumen.

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** shows 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	10.0	1.2
Left Kidney	9.9	1.3

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

**UTERUS** is anteverted and normal in size. It has uniform myometrial echopattern.

**Endometrial thickness measures 6mm** 

Uterus measures as follows: LS: 7.1cms AP: 3.5cms TS: 4.8cms.

**OVARIES** are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary**: 3.2 x 1.4cms **Left ovary**: 2.6 x 1.4cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

#### **IMPRESSION:**

#### > CHOLELITHIASIS. NO BILIARY DILATATION.

DR. APARNA CONSULTANT RADIOLOGIST

A/da

Name	MS.SINHA SHALINI	ID	MED112152432
Age & Gender	30Y/FEMALE	Visit Date	20 Apr 2024
Ref Doctor Name	MediWheel		

Name	Ms. SINHA SHALINI	Customer ID	MED112152432
Age & Gender	30Y/F	Visit Date	Apr 20 2024 10:22AM
Ref Doctor	MediWheel		

#### X - RAY CHEST PA VIEW

#### **FINDINGS:**

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.Nitash Prakash MBBS.,MD Consultant Radiologist