

DRAWN

PATIENT NAME: PARVATHY R REF. DOCTOR: SELF

 CODE/NAME & ADDRESS : CA00010147 ACCESSION NO : 4071XC005396
 AGE/SEX : 33 Years
 Female

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED PATIENT ID : PARVF2904904071 F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,

DELHI, CLIENT PATIENT ID: RECEIVED : 23/03/2024 09:46:11

SOUTH DELHI 110030 : REPORTED :24/03/2024 11:52:21 8800465156

Test Report Status Final Results Biological Reference Interval Units

#### **MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION TEST COMPLETED



JIBI J LAB TECHNOLOGIST



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17/112/11/12

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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT** 

**ECG WITH REPORT** 

REPORT

**TEST COMPLETED** 

**USG ABDOMEN AND PELVIS** 

**REPORT** 

Reported

**CHEST X-RAY WITH REPORT** 

**REPORT** 

**TEST COMPLETED** 

#### **HAEMATOLOGY**

#### **MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

## GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C 5.3

Normal : 4.0 -

5.6%.

Non-diabetic level : < 5.7%. Diabetic : >6.5%

Glycemic control goal

More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%.

Glycemic targets in CKD :- If eGFR > 60 : < 7%.

If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 105.4 < 116.0 mg/dL

ANJU A LAB TECHNOLOGIST Jaya k. a

ARYA KG LAB TECHNOLOGIST



DR.AKHILA SEKHAR, M.D Pathology (Reg No - TCMC 55174) CONSULTANT PATHOLOGIST





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Units **Test Report Status** Results <u>Final</u>

<b>BLOOD COUNTS, EDTA WHOLE BL</b>
------------------------------------

HEMOGLOBIN	12.0	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.56	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	4.79	4.0 - 10.0	thou/µL
PLATELET COUNT	264	150 - 410	thou/µL

#### **RBC AND PLATELET INDICES**

HEMATOCRIT	38.3	36 - 46	%
MEAN CORPUSCULAR VOL	84.1	83 - 101	fL
MEAN CORPUSCULAR HGB.	26.4 Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	31.4 Low	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	14.2 High	11.6 - 14.0	%
MENTZER INDEX	18.4		
MEAN PLATELET VOLUME	8.6	6.8 - 10.9	fL

#### WAC DIEEEDENTIAL COUNT

WDC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	58	40 - 80	%
LYMPHOCYTES	35	20 - 40	%
MONOCYTES	05	2 - 10	%
EOSINOPHILS	2	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.78	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.68	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	0.24	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.10	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	00		thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.7		

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**ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD** 

SEDIMENTATION RATE (ESR)

07

0 - 20

mm at 1 hr

**SUGAR URINE - POST PRANDIAL** 

SUGAR URINE - POST PRANDIAL

**NOT DETECTED** 

NOT DETECTED

SUGAR URINE - FASTING

SUGAR URINE - FASTING

NOT DETECTED

NOT DETECTED

#### **IMMUNOHAEMATOLOGY**

**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT** 

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

**ABO GROUP** TYPE O **RH TYPE POSITIVE** 

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same.

The test is performed by both forward as well as reverse grouping methods

**BIO CHEMISTRY** 

DR.AKHILA SEKHAR, M.D Pathology (Reg No - TCMC 55174) CONSULTANT PATHOLOGIST

**LAVANYA** LAB TECHNOLOGIST

**ARYA KG** LAB TECHNOLOGIST







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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

**BLOOD UREA NITROGEN (BUN), SERUM** 

**BLOOD UREA NITROGEN** 10 Adult(<60 yrs): 6 to 20 mg/dL

**BUN/CREAT RATIO** 

**BUN/CREAT RATIO** 12.6

**CREATININE, SERUM** 

**CREATININE** 0.79 18 - 60 yrs : 0.6 - 1.1 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA** 

GLUCOSE, POST-PRANDIAL, PLASMA mg/dL 118 Diabetes Mellitus : > or = 200.

> Impaired Glucose tolerance/ Prediabetes: 140 - 199. Hypoglycemia: < 55.

**GLUCOSE FASTING, FLUORIDE PLASMA** 

FBS (FASTING BLOOD SUGAR) 84 Diabetes Mellitus : > or = 126. mg/dL

> Impaired fasting Glucose/ Prediabetes: 101 - 125. Hypoglycemia : < 55.

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL 0.52 General Range: < 1.1 mg/dL BILIRUBIN, DIRECT 0.18 General Range: < 0.3 mg/dL BILIRUBIN, INDIRECT 0.34 0.00 - 0.60mg/dL

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TOTAL PROTEIN	7.3	Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8	g/dL
ALBUMIN	4.6	20-60yrs: 3.5 - 5.2	g/dL
GLOBULIN	2.7	General Range : 2 - 3.5 Premature Neonates : 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.7	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23	Adults: < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	Adults: < 34	U/L
ALKALINE PHOSPHATASE	60	Adult (<60yrs): 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	15	Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.3	Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	5.1	Adults: 2.4-5.7	mg/dL
0.40,.012		. 10010 1 211 017	<i>3,</i> -

#### **BIOCHEMISTRY - LIPID**

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

LIPID PROFILE, SERUM

**CHOLESTEROL** 139 Desirable: < 200 mg/dL

> Borderline: 200-239 High : >or= 240

TRIGLYCERIDES 87 Normal : < 150

High : 150-199

Hypertriglyceridemia: 200-499

Very High: > 499

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mg/dL



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HDL CHOLESTEROL	65	General range: 40-60	mg/dL
LDL CHOLESTEROL, DIRECT	66	Optimum : < 100 Above Optimum : 100-129 Borderline High : 130-159 High : 160- 189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	74	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	17.4	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	2.1 Low	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.0	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

#### **SPECIALISED CHEMISTRY - HORMONE**

**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT** 

THYROID PANEL, SERUM

T3 99.18 Non-Pregnant: 80-200 ng/dL

Pregnant Trimester-wise

DRAWN

1st : 81-190 2nd: 100-260 3rd: 100-260

T4 6.95 Adults: 4.5-12.1

TSH 3RD GENERATION 1.230 Non-Pregnant: 0.4-4.2

JIBI J

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µg/dl

μIU/mL



DR.AKHILA SEKHAR, M.D

CONSULTANT PATHOLOGIST

Pathology (Reg No - TCMC 55174)

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Pregnant Trimester-wise:

1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3

#### **CLINICAL PATH - URINALYSIS**

#### MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
APPEARANCE SLIGHTLY HAZY

#### **CHEMICAL EXAMINATION, URINE**

PH	6.5	4.8 - 7.4
SPECIFIC GRAVITY	1.015	1.015 - 1.030
PROTEIN	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NORMAL	NORMAL
NITRITE	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS

NOT DETECTED

NOT DETECTED

/HPF

WBC

3-5

0-5

/HPF

EPITHELIAL CELLS

8-10

0-5

/HPF

CASTS

DR.KARTHIKA RAMANATHAN, M.D Pathology (Reg No - TCMC 53950) CONSULTANT PATHOLOGIST ATHIRA S LAB TECHNOLOGIST Jibi Rep

JIBI J LAB TECHNOLOGIST





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NIL **CRYSTALS** 

**DETECTED (FEW) BACTERIA** NOT DETECTED **YEAST** NOT DETECTED NOT DETECTED

DR.KARTHIKA RAMANATHAN, M.D Pathology (Reg No - TCMC 53950) **CONSULTANT PATHOLOGIST** 

**ATHIRA S** 

LAB TECHNOLOGIST





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YOUR LAB PARTNER SINCE 1983

If the examinee is suffering from

medical examination t	o the examinee.	ire threatening situation, y	ou may be obliged t	o disclose the result of the
<ol> <li>Name of the ex</li> <li>Mark of Identif</li> <li>Age/Date of Bit</li> <li>Photo ID Check</li> </ol>	ication (	Ir/Mrs/Ms. Pavall Mole/Scar/any other (speci 29   04   1990 Passport/Election Card/PA)	G. Landellan VV	F/M nce/Company ID) rabla
PHYSICAL DETAIL	S:		Substituting Line	acocompany ID) rooka
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d. Pulse Rate 40	医多种性多种 医二甲基甲基	lood Pressure:	c. Girth of A Systolic 13	bdomen $$ $\mathcal{G}_{}$ (cms)  O Diastolic $\mathcal{Q}_{}$
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FAMILY HISTORY:		and an array to a long of	and the control of th	
Relation	Age if Living	Health Status	If deceased and	a at the time wild live
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Mother	558	headby		
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PERSONAL HISTOR	Y			
<ul><li>a. Are you presently in from any mental or If No, please attach</li><li>b. Have you undergone procedure?</li></ul>	Physical impairment details.	or deformity. exam	ined, received any acted to any hospital?	ve you been medically dvice or treatment or   ///// /eight in past 12 months?
				YN
lave you ever suffered	from any of the fol	lowing?		
<ul> <li>Psychological Disor the Nervous System</li> </ul>	ders or any kind of d	and the second s	isorder of Gastroint	estinal System?
Any disorders of Re	spiratory system?	· Onext	olained recurrent or weight loss	See to see to
<ul> <li>Any Cardiac or Circ</li> </ul>	ulatory Disorders?		you been tested for I	JIV/IID A - / HEXT
<ul> <li>Enlarged glands or an</li> </ul>	v form of Conon-to-	hafora	9 If was asset to	uv/mbsAg/HCV
<ul> <li>Any Musculoskeleta</li> </ul>	y 101111 OF CARCELY FULL	nour? Y/N before	? If yes attach repo	rts y/N/

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Any disorders of Urinary System?	YAN	<ul> <li>Any disorder of the Eyes, Ears, Nose, Throa         *Mouth &amp; Skin</li> </ul>	it or
FOR FEMALE CANDIDATES ONLY			
a. Is there any history of diseases of breast/genital organs?	YAN	d. Do you have any history of miscarriage/ abortion or MTP	YN
b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)	Y/N	e. For Parous Women, were there any complic during pregnancy such as gestational diabe hypertension etc	
c. Do you suspect any disease of Uterus, Cervix or Ovaries?	Y/N/	f. Are you now pregnant? If yes, how many n	oonths?
Anticle to regularize and recording to the first of the f		and the state of t	
CONFIDENTAIL COMMENTS FROM MEDIC.	AL EXA	MINER	
➤ Was the examinee co-operative?			YIN
Is there anything about the examine's health, life his/her job?	estyle tha	t might affect him/her in the near future with r	egard to Y/N
> Are there any points on which you suggest furth	er inforn	nation be obtained?	Y/N
> Based on your clinical impression, please provide	ie your s	uggestions and recommendations below;	
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MEDICAL EXAMINER'S DECLARATION	92.		
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Name & Signature of the Medical Examiner :	DO		er endere
	2 2 1413	Dr. Akhila Sakha MBBS.MD Consultari Mologist Reg.No. 55174	
Seal of Medical Examiner :			•
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DDRCagilus >>>

Name: Miss. Parvathy.R

Age: 33 yrs

Sex: F

YOUR LAB PARTNER SINCE 1983

Ref. from. Mediwheel Arcofemi

RADIOLOGY DIVISION Date: 23.03.2024

### **USG OF ABDOMEN (TAS only)**

(Technical consideration: Poor sonological window)

<u>LIVER:</u> Is normal in size (13.8 cms) . *Echotexture is mildly increased through out of liver, suggestive of fatty changes.* No focal lesions are seen. No dilatation of intrahepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

<u>GALL BLADDER:</u> Is minimally distended. Normal in wall thickness. No calculus or mass.

<u>PANCREAS:</u> Visualized head and body appears normal. Rest obscured by bowel gas <u>SPLEEN:</u> Is normal in size ( 8.0 cms) and echotexture.

<u>RIGHT KIDNEY:</u> Measures 9.6 x 3.4 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

<u>LEFT KIDNEY:</u> Measures 10.0 x 5.5 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

<u>URINARY BLADDER:</u> Is partially distended. Normal wall thickness. No obvious calculus or mass. No vesical diverticulum present.

<u>UTERUS</u>: Measures 8.2 x 3.9 x 4.6 cms. Normal in size. Myometrial echoes normal. No focal lesions noted. Endometrial thickness measures 10 mm.

Cervix shows few Nabothian cysts.

Right ovary measures - 35.7 x 24.5 x 30.6 mm, volume - 14 cc

Left ovary measures - 35.8 x 23.1 x 31.3 mm, volume- 13.6 cc

Both ovaries are slightly bulky in size and shows mild increase in stromal echoes with multiple small follicles of size 3-5mm. No dominant follicle noted in either side. No adnexal mass lesion seen. No free fluid in POD.

Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

## **IMPRESSION:**

- Grade I fatty infiltration of liver.
- ❖ Polycystic appearance in both ovaries
  - Suggested follow up & clinical correlation
  - Images overleaf.

Dr. AISALUTH THULASEEDHARAN MBBS, DMRD

(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose)

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### **Gynecology Report**

Patient ID: 23\_03\_2024\_12\_24\_53

Patient Name : parvathy Study Date : 23/03/2024

Referring MD: Performing MD: Sonographer: Indication:

Exam Type: GYN

Height:

LMP:

Weight:

Gravida:

Para:

AB:

Ectopic:

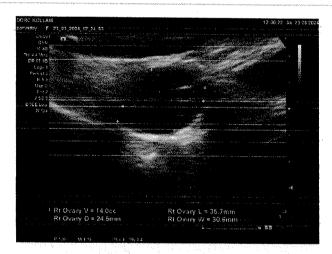
Age:

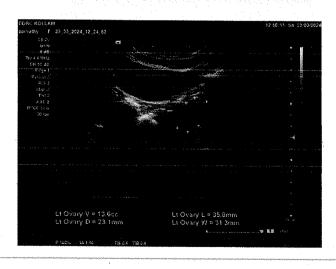
2D Mode Measurements

Rt Ovary Lt Ovary Length: 35.7 mm Length: 35.8 mm Width: 30.6 mm Width: 31.3 mm Depth: 24.5 mm Depth: 23.1 mm

Sex:F

Volume: 14.0 cc Volume: 13.6 cc







Signature

LABORATORY SERVICES



# ELECTRO CARDIOGRAM REPORT

ELECTRO CARDIOGRAM

: NSR – ...../minute. No evidence of ischaemia or chamber hypertrophy.

Impression

: ECG with in normal limits.

Dr. Akhila Sekhar MBBS MD Dr. Akhila Sekhar Pathologist Consultant Pathologist Reg.No. 55174

DR AKHILA SEKHAR

MBBS, MD

CONSULTANT PATHOLOGIST







NAME	AGE/ SEX	DATE
	33/F	23.03.2024
PARVATHY S		

## X-RAY- CHEST WITH REPORT

CHEST X RAY

NORMAL

Impression

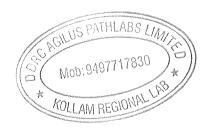
Within radiological limits

Caldice enlegement + Dr. Consultant Pathologist

DR AKHILA SEKHAR

MBBS, MD

CONSULTANT PATHOLOGIST







To DDRC Kadappakkada

tavally R

Shoot test and ophthal test reed not be taken for me as I have recently undergone the same and the seposts are available with me

