




PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.:MC-2566

TEST REPORT

Name	: MS.RAJESHWARI DEVI [SPOUSE]	TID/SID	: UMR0876726/ 23814183
Age / Gender	: 50 Years / Female	Registered on	: 13-Aug-2022 / 10:33 AM
Ref.By	: -	Collected on	: 13-Aug-2022 / 10:38 AM
Req.No	:  BIL2279672	Reported on	: 13-Aug-2022 / 13:58 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.020		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	+		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Occasional	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	2 - 3	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	2 - 3	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

* Sample processed at Parkline

--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY






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DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour Method:Westergren	80	mm/hour	0-20 mm/hour

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DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	11.1	g/dL	12.0-15.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	3.7	mill /cu.mm	3.8-4.8 mill /cu.mm
PCV/HCT Method:Numeric Integration	32	%	36-46 %
MCV Method:Calculated	87	fL	83-101 fL
MCH Method:Calculated	29.5	pg	27-32 pg
MCHC Method:Calculated	34.0	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	14.6	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	8.2	cells/cumm	4-10 cells/cumm
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	60	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	32	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	370	10 ³ /μL	150-410 10 ³ /μL

Peripheral Smear

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Sundays & Holidays : 7.00 am to 1.00 pm

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DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
RBC Method:Microscopy	Normocytic and Normochromic		
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.		
Platelets Method:Microscopy	Discrete and adequate. Normal in morphology.		

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DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	13.7	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.11	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

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Age / Gender : 50 Years / Female Registered on : 13-Aug-2022 / 10:33 AM
Ref.By : - Collected on : 13-Aug-2022 / 10:38 AM
Req.No  Reported on : 13-Aug-2022 / 16:22 PM
Reference : Medi Wheel
BIL2279672

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	106	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

Note Glucose Fasting Urine Nil

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V.G. Mallika

Dr V G Mallika
Regd. No: 63194
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DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	298	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

Note Glucose Post Prandial Urine Nil

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DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	6.5	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	139	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	172	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	37	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	104	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	31	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	157	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.65		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	2.81		

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.57	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.13	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.44	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	37	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	38	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	96	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.60	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.04	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.56	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.13		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	64	U/L	7.0-50.0 U/L

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Reference : Medi Wheel
BIL2279672

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.17	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.9	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.00	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	8.98	mg/dL	1.9-7.5 mg/dL

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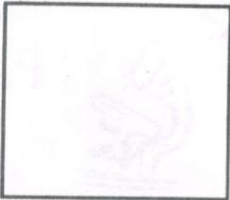


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MEDICAL EXAMINATION REPORT

Name	Ms. Rajeshwari Devi		Date :	12/08/2022
Company	Olo: mech wheel		Reg. No. :	2279672
Contact No.	9704987302		Sex	<input checked="" type="checkbox"/> F
			Age :	<input type="checkbox"/> 50
Type	Pre-Emp		Emp. No.:	Spouse
	Overseas		Height	151 cm
	Annual	<input checked="" type="checkbox"/>	Weight	86 kgs
Remarks	<ul style="list-style-type: none"> - Advised to improve Hb. levels - Raised ESR count $\oplus\oplus$. Advice follow up for infective etiology. - Hyperglycemia \oplus. Advice follow up \bar{c} Diabetologist. - Borderline triglyceridemia \oplus. Advice follow up. - Slightly raised S-Uric acid levels. Advice follow up. - Dietary modifications / life style changes regular exercises. - Follow regular medication. 			
Fitness Status	Medically Fit / Unfit		DR. PRIYANKA SANNIDHI	Physician's Signature Reg. No.: 11351

COMPREHENSIVE MEDICAL EXAMINATION REPORT



NAME Ms. Rajeshwari Devi

AGE 50 yrs / male

MARITAL STATUS Married CHILDREN : M F

IDENTIFICATION (IF ANY) A mole on the left Arm.

PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

fall both parents fall

Any personal H/o Major illness like : Typhoid.....NIL.....Jaundice.....NIL.....Etc.

Any H/o STD.....NIL.....Skin infection.....NIL

H/o Blood Transfusion.....NIL.....Recent Vaccination.....COVID SHIE Cp 2 Doses

H/o Epilepsy.....NIL.....Giddiness.....NIL

H/o Surgery.....NIL.....Fracture in the past.....RTA 2022 (scalp laceration)

Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

x 27 years x 8 years

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication T. GLYCOMET 500ms. T. ATEN 40mg. Hypothyroid x 12 yrs T. THYRONORM 12.5mcg.

GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(N)

Well Nourished

NPD

NIL

NIL

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye: 6/18 PH 6/18

with glasses / without glasses

Colour Vision : KE normal

Right Eye: +2.00 sph NG

With glasses / Without glasses

left Eye: +2.00 sph NG

with glasses / without glasses

Dr. KATTA
Ophthalmologist's Signature
Regd: 8961 (AMC)

Right Ear

Hearing : (N)

Rinee's Test ;

Weber Test :

Discharge : NIL

Left Ear

(N)

NIL

SYSTEMIC EXAMINATION

Pulse : 80 bpm

B.P. : 120/80 mmHg

Lungs : A. Shape of Chest R/L symmetrical
B. Breath Sounds R/L - clear ⊕
C. Adventitious Sounds NO

Heart : A. Sounds S₁ S₂ ⊕
B. Murmurs NO murmurs

Abdomen : A. Liver NPD
B. Spleen NPD
C. Piles NIL
D. Any Lump NAD

Nervous System

A. Higher Function :
B. Cranial Nerves :
C. Sensory System : (N)
D. Motor System :
E. Jerks :

General : A. Hernia
B. Hydrocele
C. Varicocele NAD

Breast : Rt _____ Lt. _____

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :

Rajeshwan
Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



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ENT CONSULTATION

S.No. 2279672 Emp.No. spouse Date 13/8/22
 Name MS. Rajeshwari Devi Age 50 Yrs Sex M/F

EARS : Right Left

EAC : Patent no cerumen - do -
 TM : Intact pearly white, - do -
 Cone of light (+)
 TFT : Rinne's +ve Rinne's +ve
 Weber's - central

NOSE : Septum +ve. Bil. Turbinate +ve. nas. -ve. no tendr

THROAT : Oropharynx +ve. Bil. uv. cl. +ve. no. moving

NECK : (N) Anteriorly bil.

IMPRESSION : ENT clinically normal.

D. H. Krishna Reddy
 Consultant ENT

Dr. D. Hari Krishna Reddy
 MS (ENT)
 Head & Neck Surgeon
 Reg. No: 88379



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TEST REPORT

Name : Ms . RAJESHWARI DEVI [SPOUSE]
Age / Gender : 50 Years / Female
Ref.By : Medi Wheel
Req. No : BIL2279672

TID : UMR0876726
Registered on : 13-Aug-2022 10:33 AM
Reported On : 13-Aug-2022 12:03 PM

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and mild increased echotexture. No focal lesions.

No IHBD /CBD dilatation. Portal vein is normal.

SPLEEN : Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.
Gall bladder - Wall thickness is normal.
No pericholecystic oedema.

PANCREAS : Normal in size and echotexture.No calcification / sol.
Pancreatic duct is normal. No peripancreatic fluid collection.

RIGHT KIDNEY : 9.30 x 3.44 cms
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 9.63 x 4.48 cms
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

URINARY BLADDER : Moderately distended.Normal in contour.
Wall thickness is normal. No calculus / sol.

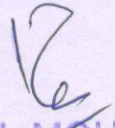
UTERUS : Gas shadows overlying fundus of uterus.
Anteverted measuring 5.34 x 4.03 x 3.41 cms - Normal in size and echotexture.
No space occupying lesion is seen.
Cervix is normal in size and echopattern.

ENDOMETRIUM : Normal.

OVARIES : Not seen - due to bowel gas.

IMPRESSION : Grade I fatty liver.

Clinical correlation.


Dr. D.J. MOHAN
MD DMRD
(Reg No. 8995)
Consultant Radiologist



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TEST REPORT

Name : Ms . RAJESHWARI DEVI [SPOUSE]

TID : UMR0876726

Age / Gender : 50 Years / Female

Registered on : 13-Aug-2022 10:33 AM

Ref.By : Medi Wheel

Reported On : 14-Aug-2022 09:05 AM

Req. No : BIL2279672

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY



12

Dr. D.J. MOHAN
MD DMRD
(Reg No. 8995)
Consultant Radiologist

ID: 2279672

13-08-2022 11:11:15 AM

BPL-12

MS. RAJESHWARI DEVI

Female 50 Years

HR : 57 bpm
P : 110 ms
PR : 160 ms
QRS : 77 ms
QT/QTc : 432/421 ms
P/QRS/T : 33/28/19 °
RV5/SV1 : 1.368/0.451 mV

Diagnosis Information:
Sinus Bradycardia

NSR WNL

Dr. SAMEER G. VANKAR
MD., D.M.
Consultant Interventional Cardiologist
Reg. No. 8245

Report Confirmed by:

PATIENT SUMMARY REPORT

TII

GNOSTICS PVT.LTD
672
RAJESHWARI DEVI
/ FEMALE

sr

HEIGHT (cm) : 151
WEIGHT (kg) : 86
PROTOCOL : MODIFIED BRUCE

REF. BY : MEDIWHEEL
DONE BY : DR SAMEER G VANKAR
TECHNICIAN : G.M.SURESH

3-2022, 14:04:

ST : Routine Check Up
Hypertension. Diabetes.
Moderate Active.
TIGATION : E C G
TERMINATION : Dyspnea.
LERANCE : Poor (< 5.1 METS)
DUCED ARRHYTHMIAS : No.
ONSE : Normal.
SPONSE : Normal.
SSION :
TS

Im-negam

Dr. SAMEER G. VANKAR
MD., D.M.
Consultant Interventional Cardiologist
Reg.No.8245

Confirmed By : _____

Signature

