

TABULAR SUMMARY REPORT

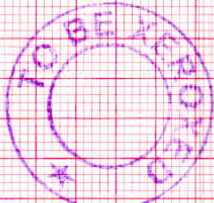
MS. JYOTHI N  
ID: 000012632

55 years

Female

26-Sep-2022  
8:42:51

Referred by: MEDIWHEEL  
Test ind: IHD SCREENING



BRUCE  
Max HR: 164bpm 99% of max predicted 165bpm  
Max BP: 150/90  
Maximum workload: 7.5METS  
Reason for Termination: Patient fatigue  
Comments: MODERATE EFFORT TOLERANCE. NORMAL HR & BP RESPONSE  
NO SIGNIFICANT STT CHANGES SEEN DURING EXE OR RECOVERY  
NO ANGINA / ARHRHYTHMIAS  
\*\*IMP STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA \*\*  
\*\*\*NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT \*\*  
\*\*\*DR. SRIDHAR L MD DM FICC CARDIOLOGIST\*\*\*\*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	IntcRPP (K100)
PRETEST EXERCISE	SUPINE	4:24	0.8	0.0	1.6	90	140/90	126
	STAGE 1	3:00	1.7	10.0	4.6	138		
	STAGE 2	3:00	2.5	12.0	7.0	161	150/90	242
RECOVERY	STAGE 3	0:20	3.4	14.0	7.5	164	150/90	246
	Post	5:26	***	***	1.0	92		

DR. SRIDHAR L  
MD DM FICC  
CARDIOLOGIST  
IntcRPP (K100) D. No.: 32248

Technician: KOMS

CLUMAX DIAGNOSTICS

Unconfirmed

MAC55 009C

Name	MS.JYOTHI N	ID	DCGL12632
Age & Gender	55Y/FEMALE	Visit Date	26/09/2022
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 madeout.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.0	1.5
Left Kidney	9.4	1.7

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

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

Endometrial echo is of normal thickness – 3.0mms.

Uterus measures as follows:

LS: 6.3cms AP: 2.2cms TS: 3.7cms.

**OVARIES** appear atrophic.

No evidence of ascites.

**Impression:** *No sonological abnormality detected.*

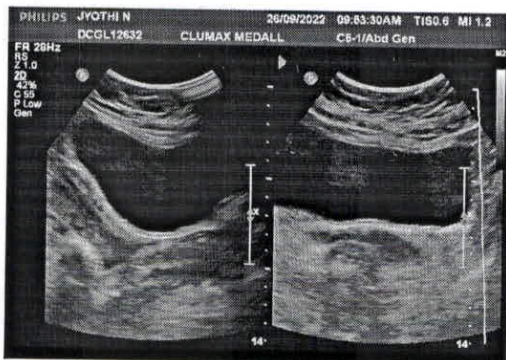
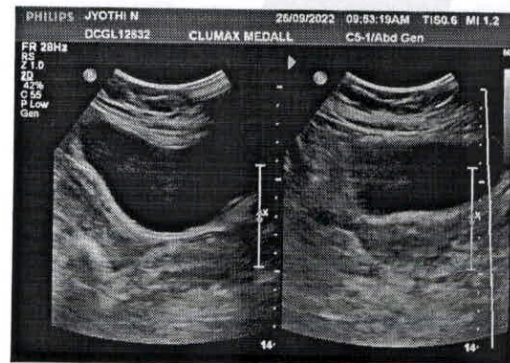
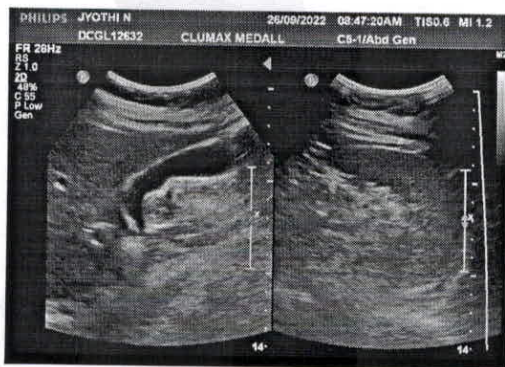
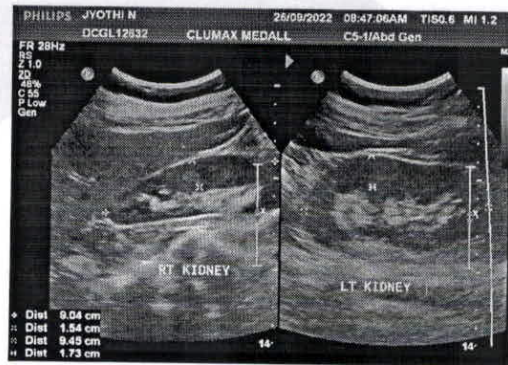
**CONSULTANT RADIOLOGISTS:**

  
**DR. MAHESH. M. S**  
Ms/d

**DR. HIMA BINDU.P**



<b>Name</b>	<b>MS.JYOTHI N</b>	<b>ID</b>	<b>DCGL12632</b>
<b>Age &amp; Gender</b>	<b>55Y/FEMALE</b>	<b>Visit Date</b>	<b>26/09/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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MS.JYOTHI N  
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26-Sep-2022  
8:46:46

82bpm

BP: 140/90

PRETEST  
SUPINE  
3:56

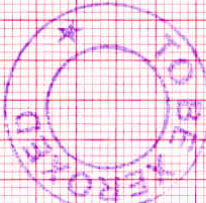
BRUCE  
\*\*mph  
\*\*%

ST @ 10mm/mV  
80ms postJ

*HR 82bpm*

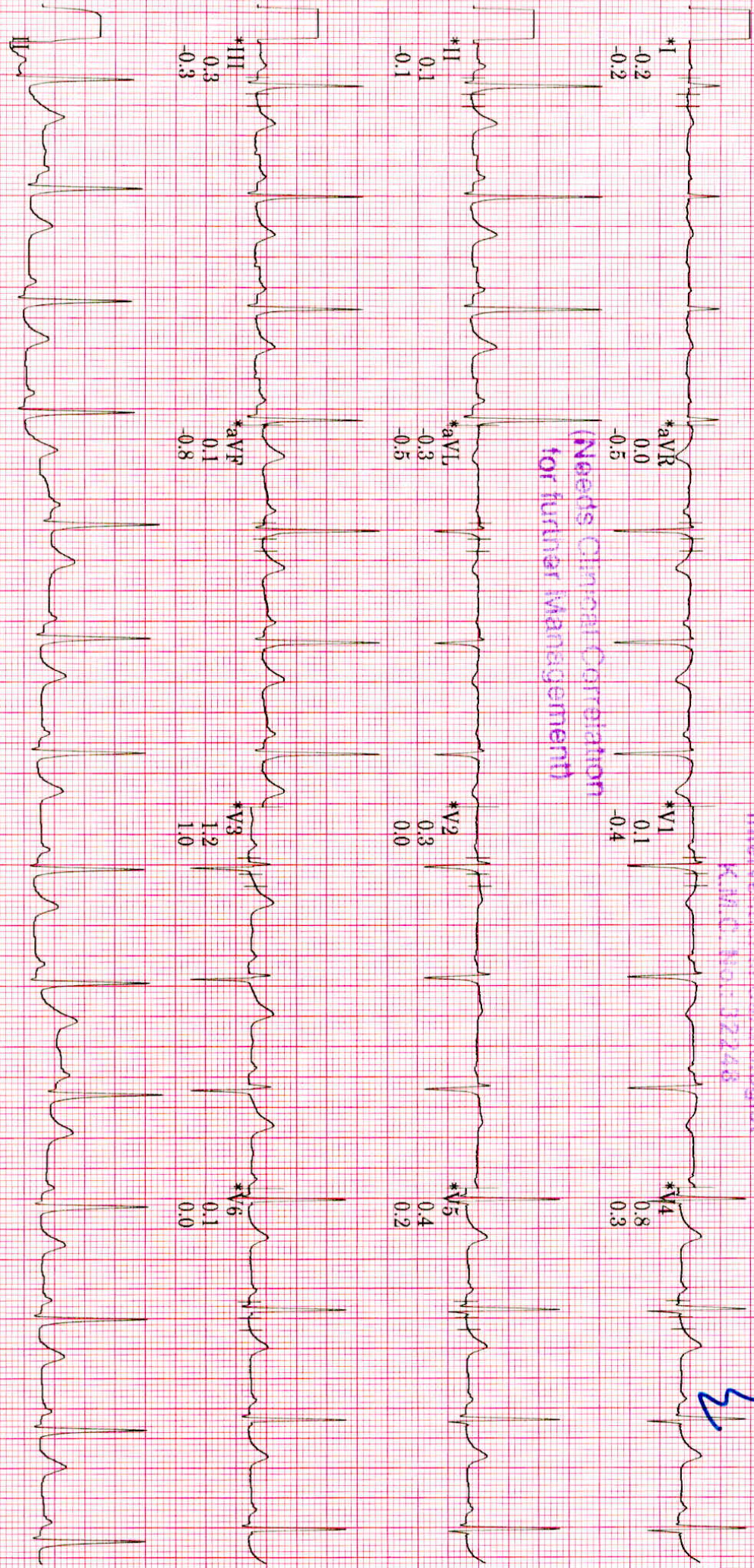
*KT 97°*

*Normal ECG*



*Dr. SRIDHAR L  
MD (Med), DM (Cardiol), FCC  
Interventional Cardiology  
K.M.C. No. 32248*

*(Needs Clinical Correlation  
for further Management)*



Raw Rhythm  
20 Hz  
25.0 mm/s  
100 mm/mV  
A H S 50Hz HR 46

\* Computer Synthesized Rhythm  
MAC55 009C

Lead  
ST(mm)  
Slope(mV/s)

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Age & Gender	55Y/FEMALE	Visit Date	26/09/2022
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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

### BILATERAL MAMMOGRAPHY

Breast composition category II - There are scattered areas of fibroglandular density

Round and punctate calcification is seen in upper outer quadrant of right breast

Well defined soft tissue density lesion is seen in upper outer quadrant right breast

No evidence of cluster microcalcification.

Right axillary lymphnode is seen

Subcutaneous fat deposition is within normal limits.

### BILATERAL SONOMAMMOGRAPHY

Well defined heterogeneous area measuring 8 x 5mm with macrolobulations and calcification is seen at 9-10 O' clock position of right breast.

Well-defined hyperechoic lesion with central echogenic area measuring 3.9 x 1.4mm is seen at 9 O' clock position of right breast.

No evidence of focal cystic areas.

No evidence of ductal dilatation.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 7 x 6mm (right) and 6 x 4mm (left).

### Impression:

- *Well defined heterogeneous area with macrolobulations and calcification in right breast – probably benign.*
- *Intramammary lymphnode in right breast.*

**Sugg: FNAC / short interval follow-up**

**ASSESSMENT: BI-RADS CATEGORY -3**

### BI-RADS CLASSIFICATION

### CATEGORY RESULT

3 Probably benign finding. Short interval follow-up suggested.

### **CONSULTANT RADIOLOGISTS:**

**DR. MAHESH. M. S**  
Hbp/d

  
**DR. HIMA BINDU.P**



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Age / Sex : 55 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.4	%	37 - 47
RBC Count (EDTA Blood)	4.58	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	83.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	26.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	38.13	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	43.3	%	40 - 75
Lymphocytes (EDTA Blood)	45.1	%	20 - 45
Eosinophils (EDTA Blood)	6.5	%	01 - 06

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

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MD PATHOLOGY  
KMC 88902

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Monocytes (EDTA Blood)	4.4	%	01 - 10
Basophils (EDTA Blood)	0.7	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.03	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.16	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	<b>0.46</b>	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.31	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	377	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood)	<b>7.2</b>	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	18	mm/hr	< 30

  
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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.55	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.36	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.77	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	22.15	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.86	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	75.3	U/L	53 - 141
Total Protein (Serum/Biuret)	6.96	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.29	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.67	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.61		1.1 - 2.2

  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>233.48</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>179.30</b>	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)	<b>49.56</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	148	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	35.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	183.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
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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)	4.7		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.8	%	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 148.46 mg/dL  
(Whole Blood)

**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 glycaemic 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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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.20	ng/ml	0.4 - 1.81
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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 (Tyroxine) - Total (Serum/ECLIA)	9.90	µg/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/ECLIA)	1.13	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION (URINE COMPLETE)**


Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.011		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

  
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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**


Pus Cells (Urine)	<b>0-2</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-1</b>	/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 (Urine)	Nil	/hpf	NIL
Crystals (Urine)	Nil	/hpf	NIL

  
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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	13.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	<b>111.42</b>	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)	126.32	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)	8.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.65	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)	4.76	mg/dL	2.6 - 6.0
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**Dr Anusha.K.S**  
 Sr.Consultant Pathologist  
 Reg No : 100674

VERIFIED BY

  
**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902

APPROVED BY


Name : Ms. JYOTHI N  
PID No. : DCGL12632 Register On : 26/09/2022 8:09 AM  
SID No. : 922051375 Collection On : 26/09/2022 8:13 AM  
Age / Sex : 55 Year(s) / Female Report On : 26/09/2022 2:54 PM  
Type : OP Printed On : 27/09/2022 6:30 PM  
Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' Positive'		
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Dr. Arjun C.P  
MBBS, MD Pathology  
Reg No:KMC 89655

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

-- End of Report --



Name : Ms. JYOTHI N Register On : 26/09/2022 8:09 AM  
PID No. : DCGL12632 Collection On : 26/09/2022 8:13 AM  
SID No. : 922051375 Report On : 26/09/2022 2:54 PM  
Age / Sex : 55 Year(s) / Female Printed On : 27/09/2022 6:30 PM  
Ref. Dr : MediWheel OP / IP : OP

**\*PAP Smear by LBC( Liquid based Cytology )**

**Nature of Specimen:** Cervical smear

**Lab No:** GC 1398/22

**Specimen type :** Liquid based preparation

**Specimen adequacy :** Satisfactory for evaluation

**Endocervical / Transformation zone cells :** Absent

**General categorization :** Within normal limits


**DESCRIPTION :** Smear shows intermediate cells & parabasal cells in a background of sparse inflammatory cells.

**INTERPRETATION :** Negative for intraepithelial lesion or malignancy

**Non neoplastic cellular changes :** Atrophy.

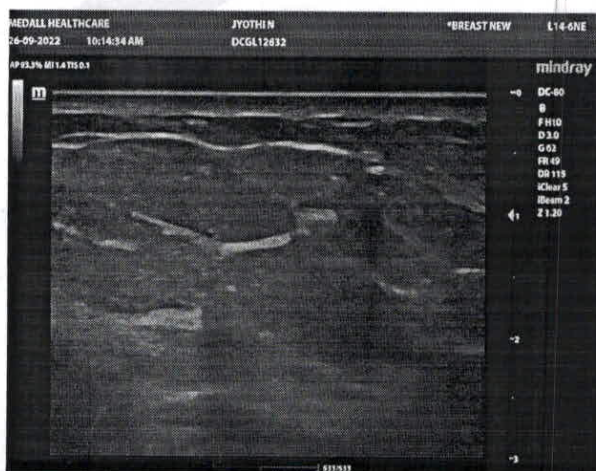
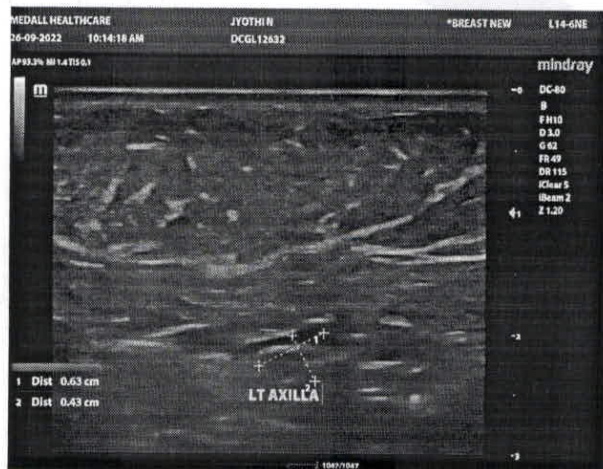
**Advised:** Follow up smears.

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

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

\* Test is not in the scope of NABL.

<b>Name</b>	<b>MS.JYOTHI N</b>	<b>ID</b>	<b>DCGL12632</b>
<b>Age &amp; Gender</b>	<b>55Y/FEMALE</b>	<b>Visit Date</b>	<b>26/09/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name	JYOTHI N	Customer ID	DCGL12632
Age & Gender	55Y/F	Visit Date	Sep 26 2022 8:00AM
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: Essentially normal study.**



DR. MAHESH M S  
CONSULTANT RADIOLOGIST



## MEDALL CLUMAX DIAGNOSTICS

Customer Name	Ms. Jyothi. N.	Customer ID	DCG 12632
Age & Gender	55 yrs / female.	Visit Date	26.09.2022

### Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N5	N5
Distance Vision	6/6	6/6
Colour Vision	(N)	(N)

Observation / Comments:

Normal

**CLUMAX DIAGNOSTICS &  
RESEARCH CENTRE PVT.LTD**  
# 68/150/3, "Sri Lakshmi Towers"  
9th Main, 3rd Block, Jayanagar  
BANGALORE - 560 011