



CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : ANITHA RPATIENT ID : **ANITF1110764036**ACCESSION NO : **4036VJ002277** AGE : 46 Years SEX : Female

DRAWN : RECEIVED : 11/10/2022 12:22 REPORTED : 11/10/2022 15:51

REFERRING DOCTOR : DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**TREADMILL TEST**

TREADMILL TEST COMPLETED

DENTAL CHECK UP

DENTAL CHECK UP COMPLETED

OPHTHAL

OPHTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED



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plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycosylated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycosylated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycosylated serum protein (fructosamine) should be considered.

"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.

2. Forsham PH. Diabetes Mellitus: A rational plan for management. Postgrad Med 1982, 71,139-154.

3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.

TOTAL PROTEIN, SERUM-

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-

Causes of Increased levels

Dietary

- High Protein Intake.
- Prolonged Fasting,
- Rapid weight loss.

Gout

Lesch nyhan syndrome.

Type 2 DM.





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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

ECG WITH REPORT

REPORT

COMPLETED

MAMMOGRAPHY -BOTH

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

PRASEEDA S NAIR
LAB TECHNICIAN

SREEDEVI V RAJU
LAB TECHNICIAN

SMITHA BIJU
LAB TECHNICIAN



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Scan to View Report



OPHTHALMOLOGY REPORT

ACCESSION NO:4036VJ002277

This is to certify that I have examined

MR/MS ANITHA-R. Aged 46/F and

His / her visual standard is as follows.

Acuity of Vision

For Far R 6/8
L 6/10

With Specs R+ > 6/6
L+ > 6/6

For Near R N8
L N8

With Specs R+ > N6
L+ > N6

Colour Vision NORMAL

DATE: 11/10/2022



Amell
OPTOMETRIST



Name: ANITHA.R
Age/Sex: 46 yrs/F
Accession No: 4036VJ002277

Report Date: 11.10.2022
Ref.by: Mediwheel

USG ABDOMEN & PELVIS

OBSERVATIONS:

- Liver:** Normal in size. **Shows increased parenchymal echotexture.** No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (9 mm).
- Gall bladder:** Distended. No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection. CBD: Not dilated (4 mm).
- Spleen:** Normal in size (7.4 cm) and echotexture. No focal lesion.
- Pancreas:** Head (2.2 cm), body (1.2 cm) and tail (1.4 cm) appear normal. No focal lesion. No calcification or duct dilatation noted.
- Kidneys:** **Right suprarenal region shows a solid hypoechoic lesion measuring 2.2 x 1.6 cm. The lesion shows minimal colour flow on applying Doppler.**
Right kidney length measures 10 cm. Parenchymal thickness 1.5 cm
Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.
Left kidney length measures 10.4 cm. Parenchymal thickness 1.5 cm
Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis. Ureters: Not dilated.
- Urinary Bladder:** Distended, No luminal or wall abnormality noted.
- Uterus:** Is anteverted and **enlarged in size measures 10 x 5.5 x 4.5 cm. Myometrial echo is heterogeneous. A small intramural fibroid measuring 1.6 x 1.1 cm is noted in the posterior wall.** Endometrial echo is normal. ET- 10 mm. Cavity is empty.
- Ovaries:** Right ovary: 2.7 x 1.6 cm Left ovary: 2.2 x 1.5 cm
Normal in size and morphology on both sides.
- Adnexa:** No adnexal lesions.
- Others:** No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

IMPRESSION:

- **Grade I fatty changes in liver.**
- **Right suprarenal hypoechoic solid lesion (suggest CECT abdomen with adrenal protocol)**


Dr. Deepak.V, MBBS, DMRD
Radiologist

Note: Please correlate clinically and investigate further as needed.



LCC

RCC



RMLO

RMLO



ANITHA SURESH 46 YRS 175788 MAMMOGRAM BIL DDRC 11-Oct-22
 CMC Hospital, Kottayam

Ultrasound Image Report

Patient

ID
Name
Birth Date
Gender

11-10-2022-0012

Other

Exam

Accession #
Exam Date
Description
Sonographer

11

[2D] G32/118dBFA10P90HARFS1



[2D] G18/118dBFA10P90HARFS1



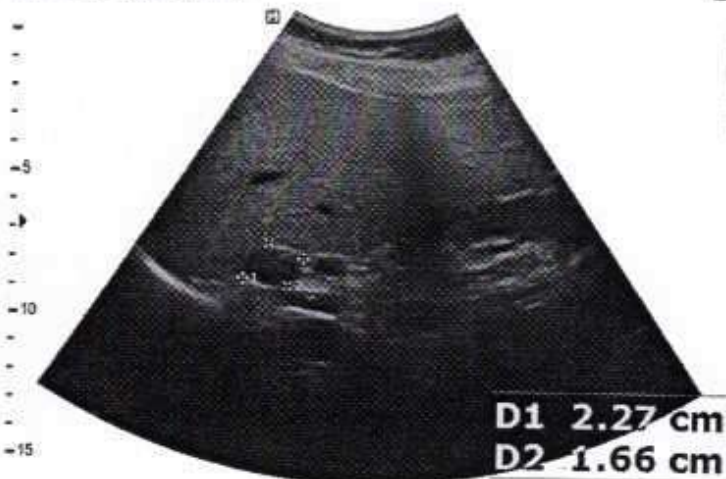
[2D] G18/118dBFA10P90HARFS1



[2D] G18/118dBFA10P90HARFS1



[2D] G27/118dBFA10P90HARFS1



[2D] G22/118dBFA10P90HARFS1



Ultrasound Image Report

Pa

Patient

Exam

ID
Name
Birth Date
Gender

11-10-2022-0012

Accession #
Exam Date
Description
Sonographer

1110

Other

[2D] G28108dBFA10P90FSI 1



[2D] G21108dBFA10P90FSI 1



[2D] G28108dBFA10P90FSI 1





Name: ANITHA.R
Age/Sex: 46 yrs/F
Accession No: 4036VJ002277

Report Date: 11.10.2022
Ref.by: Mediwheel

MAMMOGRAM REPORT (BOTH BREASTS)

Cranio-caudal and Medio-lateral oblique views of both breasts were taken.

Right breast

No evidence of any mass lesion / asymmetric density noted.

No clustered pleomorphic microcalcifications visualized.

No evidence of any architectural distortion seen.

There is no skin thickening or nipple retraction.

Few small benign lymph nodes are seen in the axillary regions.

High frequency Sonography: Reveals no focal / diffuse mass lesion or obviously dilated ducts.

Left breast

A small well circumscribed smooth hyperdense lesion is noted in the upper outer quadrant

No clustered pleomorphic microcalcifications visualized.

No evidence of any architectural distortion seen.

There is no skin thickening or nipple retraction.

Few small benign lymph nodes are seen in the axillary regions.

High frequency Sonography: A well defined hypochoic lesion measuring 12 x 5 mm is noted at 2 o' clock position in mammary layer about 3.4 cm away from nipple.

IMPRESSION:

- **BIRADS 3 lesion in the left breast at 2 o' clock position, likely to be fibroadenoma.**

Dr. Deepak.V, MBBS, DMRD
Radiologist

Encl: Film

This is a professional opinion based on imaging findings and not a diagnosis by it self. Please correlate clinically and with other imaging / laboratory investigations.





ECG REPORT

ACCESSION NO : 4036VJ002277
NAME : ANITHA R
AGE : 46
SEX : FEMALE
DATE : 11.10.2022
COMPANY : MEDIWHEEL

RATE : 89ms
RHYTHM : Normal sinus rhythm
P. WAVE : Normal
P-R INTERVAL : 201ms
Q,R,S,T. WAVES : Normal
AXIS : Normal
ARRHYTHMIAS : Nil
QT INTERVAL : 340ms
OTHERS : Nil
OPINION : Normal ECG



Austin
Dr. Austin Varghees
MBBS
Dr. Austin Varghees
MBBS
TCMC Reg. No: 77017

V2-001(8106:V2-004:AMP:V1-006)

11/10/2022 12:14

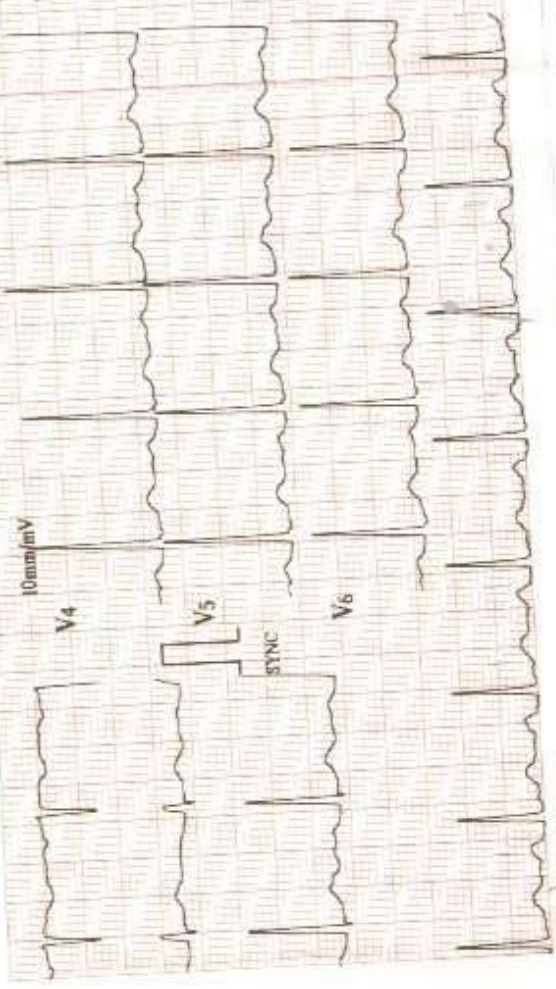
ID : 9672
Name: ANITHA
SURESH
Sex : Female
Age : 46

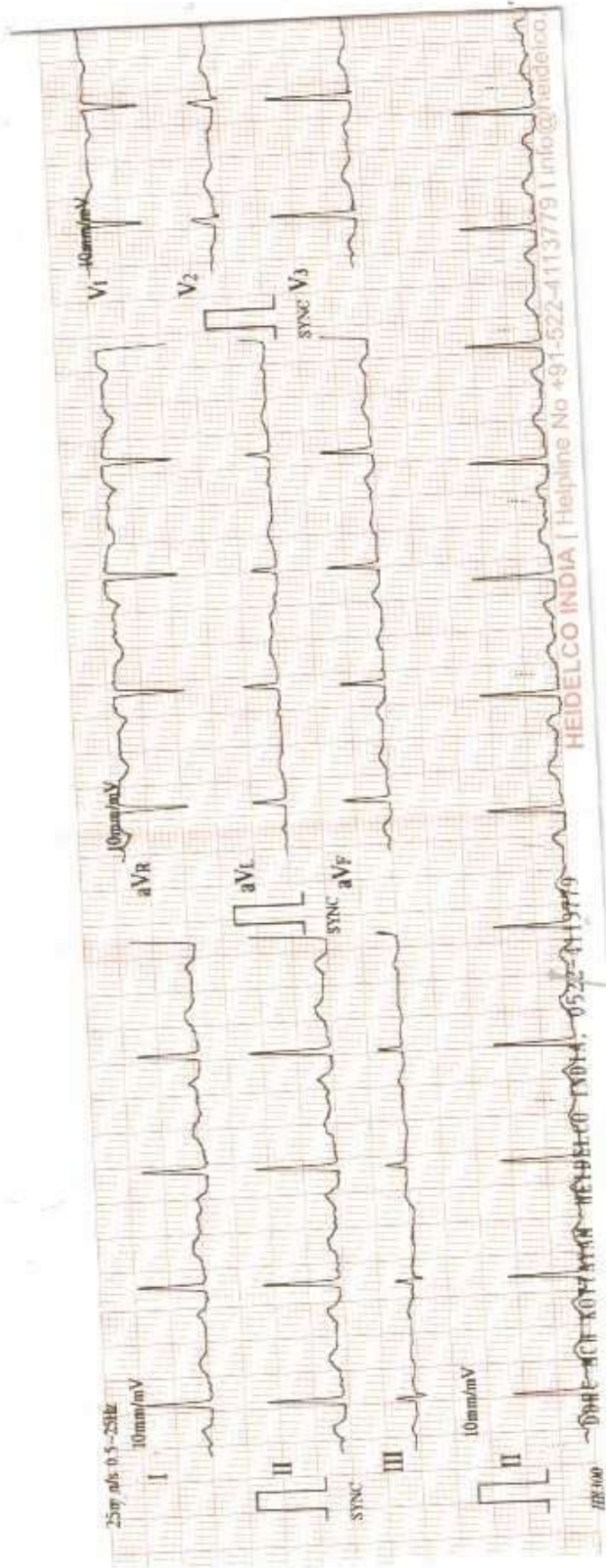
HR : 89
P-R : 669
P-R : 201
QRS : 66
QT/QTc : 340/415
P/QRS/T : 57/38/32
RV5/SV1 : 1.700/0.800 mV
RV5+SV1 : 2.500 mV

Machine Interpretation Only
Confirm with Physician

Physician:

HEIDELCO INDIA





R



ANITHA SURESH 46Y 4154 CHEST-PA 11-10-2022

DDRC SRI DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

X - RAY CHEST - REPORT

ACCESSION NO : 4036VJ002277
NAME : ANITHA R
AGE : 46
SEX : FEMALE
DATE : 11.10.202
COMPANY : MEDIWHEEL

EXPOSURE : Good
POSITIONING : Central
SOFT TISSUES : Normal
LUNG FIELDS : Normal
HEART SHADOW : Normal
CARDIOPHRENIC ANGLE : No obliteration
COSTOPHRENIC ANGLE :
HILUM : No lymphadenopathy
OPINION : Normal chest radiograph





**Dr. RAJENDRAN'S
CARE & CURE DENTAL CLINIC**

KHI - 2653/13

OTHALATHUMOOTTIL COMMERCIAL COMPLEX (FIRST FLOOR)
SAMKRANTHI, KOTTAYAM - 686 016, KERALA. Mob: 9446026310

DATE 11/10/2022
OP NO. _____ NAME Smitha Suresh AGE 46 SEX F
C/O General dental checkup.
D/O _____
IND FOR _____
Rx

On dental examination of patient named Smitha Suresh 46 years was found to have generalized stains and calculus. Patient requires scaling procedure.

Dr. ANN NAMITHA JACOB, BDS
Dental Surgeon
KDC, Reg.No: 15586/A
Kottayam, Kerala

Rs 100/- for checkup



• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

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 complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

UTI detected on urine examination - Immediate Physician consultation & Rx advised

CCCT Abdomen (i renal protocol) advised & surgery consultation for BI-RADS-3 lesion in the breast.

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Dr. AUSTIN VARGHEES

Seal of Medical Examiner :

Dr. Austin Varghees
MBBS
TCMC Reg. No: 77017

Name & Seal of DDRC SRL Branch :



Date & Time :

DDRC SRL Diagnostics Private Limited

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Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>ANITHA R</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>30/05/1976</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>155</u> (cms)	b. Weight <u>56</u> (Kgs)	c. Girth of Abdomen <u>86</u> (cms)
d. Pulse Rate <u>89</u> (/Min)	e. Blood Pressure:	Systolic <u>130</u> Diastolic <u>90</u>
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<u>Nil</u>		
Mother	<u>Yes, 68</u>		
Brother(s)	<u>2, 48, 49</u>	<u>Good</u>	
Sister(s)	<u>Nil</u>		

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N
- b. Have you undergone/been advised any surgical procedure? Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N Losart-50 [BP]
- d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss? Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports? Y/N
- Are you presently taking medication of any kind? Y/N

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