



DDRC SRL
Diagnostic Services

INDIA'S LEADING DIAGNOSTICS NETWORK

From,

DDRC SRL

Kannur

To,

Bank of baroda, MediWheel

Respected Sir/Madam,

The client id 606523114 ,
was not done cytology because Utras
is already removed . and also not
give stool - RE , Attention NO: 4053U200163



Sindhu...

B

Dr. Shyba Vinayaraj

B.D.S. Dental Surgeon

Dr. Ankita Vinayaraj

B.D.S. Dental Surgeon

Vista Dental Care

T.T. Road, Kannur-670 002

Clinic : 2706290

Resi : 2726715

Name

Date 17/12/2022

R

Mrs. Sindhu.K. 47 yrs indisp
dental consultation. No
abnormalities detected.

Dr. Shyba Vinayaraj

Shyba

Dr. SHYBA VINAYARAJ
B.D.S. Dental Surgeon
Vista Dental Care
T.T. Road, Kannur - 670002
Reg. No. 2031

Oral & Maxillo Facial Surgeon

Visiting Doctors

Orthodontics & Dento-Facial
Orthopaedics

Dr. Jagadish Chandra

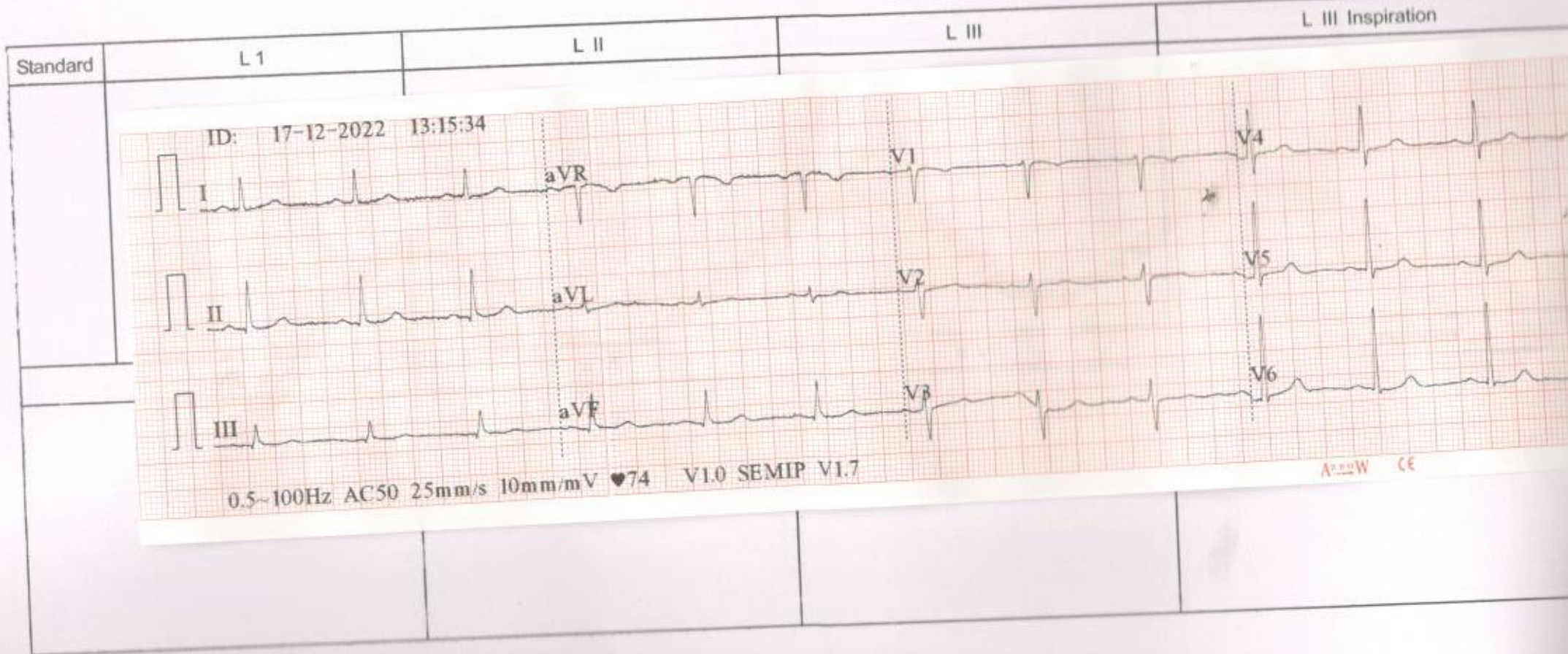
B.D.S., M.D.S.
Mangalore

Dr. Goutham Hegde

B.D.S., M.D.S.
Mangalore

Consultation : 9.30am to 1.00 pm. & 3.00pm. to 5.45 pm.

SUNDAY HOLIDAY



L III Inspiration

V1

V2

V3

V4

V5

V6

ID:
SINDHU K
Female
47Years
cm

Dr. INDUSARATHI S. MD, DNB
m m rfp
Regd. No.
kg DDRC SRL, KANNUR

within normal limits

HR : 73 bpm
P : 95 ms
PR : 156 ms
QRS : 74 ms
QT/QTc : 361/400 ms
P:QRS/T : 72/58/61 °
RV5/SV1 : 1.282/0.592 mV



Standard

A^{0.2}W CE

DIAGNOSTIC REPORTPatient Ref. No. **66600002697168**

CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
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
KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU K PATIENT ID : **SINDF2704744053**
ACCESSION NO : **4053VL001637** AGE : 48 Years SEX : Female ABHA NO :
DRAWN : RECEIVED : 17/12/2022 10:47 REPORTED : 17/12/2022 15:11
REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
--------------------	---------	-------------------------------	-------

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



Scan to View Details



Scan to View Report



CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
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
KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU K **PATIENT ID : SINDF2704744053**
ACCESSION NO : 4053VL001637 **AGE : 48 Years** **SEX : Female** **ABHA NO :**
DRAWN : **RECEIVED : 17/12/2022 10:47** **REPORTED : 17/12/2022 15:11**
REFERRING DOCTOR : SELF **CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 8 6 - 20 mg/dL

BUN/CREAT RATIO

BUN/CREAT RATIO 16 5.00 - 15.00

CREATININE, SERUM

CREATININE 0.5 18 - 60 yrs : 0.6 - 1.1 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 110 Diabetes Mellitus : > or = 200.
Impaired Glucose tolerance/
Prediabetes : 140 - 199.
Hypoglycemia : < 55. mg/dL

LIPID PROFILE, SERUM

CHOLESTEROL 194 < 200 Desirable
200 - 239 Borderline High
>/= 240 High mg/dL

TRIGLYCERIDES 114 < 150 Normal
150 - 199 Borderline High
200 - 499 High
>/=500 Very High mg/dL

HDL CHOLESTEROL **66** **High** < 40 Low
>/=60 High mg/dL

DIRECT LDL CHOLESTEROL **112** **High** < 100 Optimal
100 - 129 Near or above optimal
130 - 159 Borderline High
160 - 189 High
>/= 190 Very High mg/dL

NON HDL CHOLESTEROL 128 Desirable-Less than 130
Above Desirable-130-159
Borderline High-160-189
High-190-219
Very High- >or =220 mg/dL

CHOL/HDL RATIO **2.9** **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 1.7 0.5-3 Desirable/Low risk
3.1-6 Borderline/Moderate risk
>6.0 High Risk

VERY LOW DENSITY LIPOPROTEIN 22.8 </= 30 mg/dL

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD



Scan to View Details



Scan to View Report



CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
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
KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU K PATIENT ID : **SINDF2704744053**
ACCESSION NO : **4053VL001637** AGE : 48 Years SEX : Female ABHA NO :
DRAWN : RECEIVED : 17/12/2022 10:47 REPORTED : 17/12/2022 15:11
REFERRING DOCTOR : SELF CLIENT PATIENT ID :

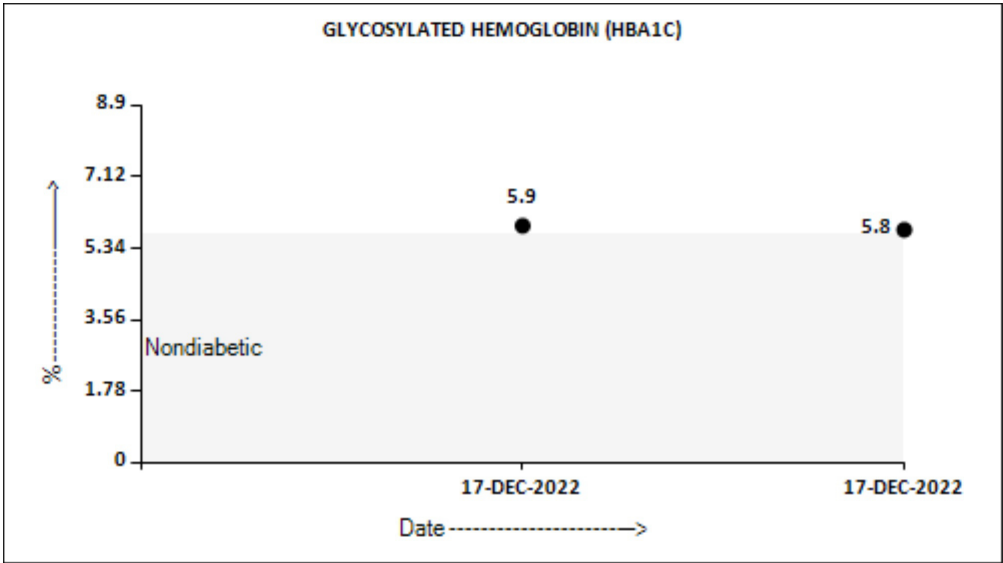
Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.8

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%.



LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	0.6	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.13	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.47	General Range : <0.85	mg/dL
TOTAL PROTEIN	7.0	Ambulatory : 6.4 - 8.3	g/dL
		Recumbant : 6 - 7.8	
ALBUMIN	4.5	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.5	General Range : 2 - 3.5	g/dL
		Premature Neonates : 0.29 - 1.04	
ALBUMIN/GLOBULIN RATIO	1.8	General Range : 1.1 - 2.5	RATIO



Scan to View Details



Scan to View Report



CLIENT CODE : CA00010147 - MEDIWHEEL
 ARCOFEMI HEALTHCARE LIMITED
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
 KANNUR
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU KPATIENT ID : **SINDF2704744053**ACCESSION NO : **4053VL001637** AGE : 48 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 17/12/2022 10:47

REPORTED : 17/12/2022 15:11

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	Adults : < 34	U/L
ALKALINE PHOSPHATASE	78	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	16	Adult(female) : < 40	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.0	6.4 - 8.3	g/dL
URIC ACID, SERUM			
URIC ACID	3.7	Adults : 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP	TYPE O		
RH TYPE	POSITIVE		
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN	13.8	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.61	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL COUNT	9.23	4.0 - 10.0	thou/ μ L
PLATELET COUNT	264	150 - 410	thou/ μ L
RBC AND PLATELET INDICES			
HEMATOCRIT	40.8	36 - 46	%
MEAN CORPUSCULAR VOL	88.4	83 - 101	fL
MEAN CORPUSCULAR HGB.	30.0	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.9	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	12.6	11.6 - 14.0	%
MENTZER INDEX	19.2		
MEAN PLATELET VOLUME	9.8	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	63	40 - 80	%
LYMPHOCYTES	28	20 - 40	%
MONOCYTES	2	2 - 10	%
EOSINOPHILS	6	1 - 6	%
BASOPHILS	1	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	5.81	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.58	1 - 3	thou/ μ L



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



CLIENT CODE : CA00010147 - MEDIWHEEL
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
 KANNUR
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU K PATIENT ID : **SINDF2704744053**
 ACCESSION NO : **4053VL001637** AGE : 48 Years SEX : Female ABHA NO :
 DRAWN : RECEIVED : 17/12/2022 10:47 REPORTED : 17/12/2022 15:11
 REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
ABSOLUTE MONOCYTE COUNT	0.18	Low 0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.55	High 0.02 - 0.50	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.3		
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	10	0 - 20	mm at 1 hr
STOOL: OVA & PARASITE	RESULT PENDING		
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
CYTOLOGY - CS (PAP SMEAR)	RESULT PENDING		
THYROID PANEL, SERUM			
T3	138	80.00 - 200.00	ng/dL
T4	8.39	5.10 - 14.10	μ g/dl
TSH 3RD GENERATION	2.47	0.270 - 4.200	μ IU/mL
SUGAR URINE - FASTING			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	
PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION, URINE			
PH	7.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.015	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	3-5	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	DETECTED	NOT DETECTED	
GLUCOSE FASTING,FLUORIDE PLASMA			





CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
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
KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU K **PATIENT ID : SINDF2704744053**

ACCESSION NO : **4053VL001637** AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 17/12/2022 10:47 REPORTED : 17/12/2022 15:11

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

GLUCOSE, FASTING, PLASMA	96	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
--------------------------	----	--	-------

Interpretation(s)

SERUM BLOOD UREA NITROGEN-
Causes of Increased levels

- Pre renal
 - High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
 - Renal Failure
- Post Renal
 - Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease
- SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes.

LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of 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



Scan to View Details



Scan to View Report



CLIENT CODE : CA00010147 - MEDIWHEEL
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
 KANNUR
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU K PATIENT ID : **SINDF2704744053**

ACCESSION NO : **4053VL001637** AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 17/12/2022 10:47 REPORTED : 17/12/2022 15:11

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

patients for whom fasting is difficult.
 GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- 1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - 2.Diagnosing diabetes.
 - 3.Identifying patients at increased risk for diabetes (prediabetes).
- The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
- 1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
 2. eAG gives an evaluation of blood glucose levels for the last couple of months.
 3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
 - II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
 - III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods,falsely increasing results.
 - IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
 - a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - c.HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
- 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.
 Metabolic syndrome.

Causes of decreased levels
 • Low Zinc Intake
 • OCP's
 • Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

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.

BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait

(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR <



Scan to View Details



Scan to View Report



CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

ARCOFEMI HEALTHCARE LIMITED
 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS

KANNUR
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : SINDHU K

PATIENT ID : SINDF2704744053

ACCESSION NO : 4053VL001637 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 17/12/2022 10:47 REPORTED : 17/12/2022 15:11

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
 This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD- TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm/hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

GLUCOSE FASTING, FLUORIDE PLASMA- TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g., galactosemia), Drugs- insulin, ethanol, propranolol, sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORTPatient Ref. No. **66600002697168**

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

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

PATIENT NAME : SINDHU K **PATIENT ID :** SINDF2704744053
ACCESSION NO : 4053VL001637 **AGE :** 48 Years **SEX :** Female **ABHA NO :**
DRAWN : **RECEIVED :** 17/12/2022 10:47 **REPORTED :** 17/12/2022 15:11
REFERRING DOCTOR : SELF **CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT RESULT PENDING
ECG WITH REPORT RESULT PENDING
MAMMOGRAPHY -BOTH RESULT PENDING
USG ABDOMEN AND PELVIS RESULT PENDING
CHEST X-RAY WITH REPORT RESULT PENDING

****End Of Report****
 Please visit www.srlworld.com for related Test Information for this accession


JINSHA KRISHNAN
 LAB TECHNOLOGIST


VINITHA MOL T A
 LAB TECHNOLOGIST


DR.INDUSARATH S
 CONSULTANT PATHOLOGIST


SREENA A
 LAB TECHNOLOGIST





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. <i>SINDHU K</i>
2. Mark of Identification	: (Mole/Scar/any other (specify location)): <i>mole in lower @ neck</i>
3. Age/Date of Birth	: <i>47yrs, 27.4.14</i> Gender: <i>F/M</i>
4. Photo ID Checked	: (Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <i>145</i> (cms)	b. Weight <i>59</i> (Kgs)	c. Girth of Abdomen <i>91</i> (cms)
d. Pulse Rate (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	<i>120</i> <i>80</i>
	2 nd Reading	<i>120</i> <i>80</i>

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<i>74</i>	<i>Asthma</i>	
Mother	<i>68</i>	<i>Healthy</i>	
Brother(s)			
Sister(s)	<i>43</i>	<i>Healthy</i>	

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

Tobacco in any form	Sedative	Alcohol
<i>no</i>	<i>no</i>	<i>no</i>

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? *Hysterectomy - 2yrs back fibroid* Y N
 - c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? *Hysterectomy - 2yrs back* Y N
 - 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

• 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? *Fibroid uterus.*

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

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

Y/N

Hysterectomy - for fibroid

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

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

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;

.....
.....

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

medically 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 Indurath

Seal of Medical Examiner :

DR. INDURATH
B.S.M.B.S., M.D., D.M.S.
Reg 1964
EXAMINER
B.S.M.B.S., M.D., D.M.S.

Name & Seal of DDRC SRL Branch :

Date & Time :



DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
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.


 ഭാരത സർക്കാർ
 GOVERNMENT OF INDIA



സിന്ധു കെ.
Sindhu K

ജനന വർഷം/Year of Birth: 1974
 ലിംഗം / Female

3380 9010 8076



ആശ്രം - സാധാരണക്കാരന്റെ അവകാശം

9446085460-5


 ഭാരതീയ സവിശേഷ തിരിച്ചറിയൽ അതോറിറ്റി
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA


മേഖല/വിഭാഗം: W/O പ്രഭാകരൻ
 കിരീടത്തറ, ആലയാട്, തിള്ളങ്കരി
 തിള്ളങ്കരി, കണ്ണൂർ, കേരളം, 670702

Address: W/O: Prabhakaran,
 Keerthanam, Alayad,
 Thillenkeri, Kannur,
 Thillenkeri, Kerala, 670702


 1800 180 1947


 help@uidai.gov.in


 www.uidai.gov.in


 P.O. Box No.1947,
 Bengaluru-560 001

DDRC SRL DIAGNOSTICS PVT. LTD.
 Date:
KANNUR



OPHTHALMOLOGY REPORT

TO WHOM-SO-EVER IT MAY CONCERN

This is to certify that I have examined Miss. SINDHU K, 48 years Female on 17.12.2022 and her visual standards are as follows:

	OD	OS
UNCORRECTED DISTANCE VISUAL ACUITY	6/6(P)	6/6(P)
UNCORRECTED NEAR VISUAL ACUITY	N12	N12
BEST CORRECTED VISUAL ACUITY	6/6,N6	6/6,N6
COLOUR VISION	NORMAL	NORMAL

NOTE: NO HISTORY OF SPECS
NO RELEVANT MEDICAL HISTORY


 VIMEGA.V
 OPTOMETRIST



DATE: 17.12.2022

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details

Date: 17-Dec-22

Time: 11:35:07

Name: SINDHU .K ID: 6548856

Age: 47 y

Sex: F

Height: 145 cms.

Weight: 59 Kg.

Interpretation

The patient exercised according to the Bruce protocol for 8 m 8 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 104 bpm, rose to a max. heart rate of 166 (96% of Pr.MHR) bpm. Resting blood Pressure 130 / 90 mmHg, rose to a maximum blood pressure of 160 / 90 mmHg. No Inducible Angina.

- Non-significant ST changes noted
- Test negative for inducible ischemia

Dr. GEORGE THOMAS
MD, FCSI, FIAE
CARDIOLOGIST
Reg. 86614



Ref. Doctor: BANK OF BARODA

Doctor: -----

(Summary Report edited by user)

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

Patient Details

Date: 17-Dec-22

Time: 11:35:07

Name: SINDHU .K ID: 6548856

Age: 47 y

Sex: F

Height: 145 cms.

Weight: 59 Kg.

Clinical History: Nil

Medications: Nil

Test Details

Protocol: Bruce

Pr.MHR: 173 bpm

THR: 155 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 8 s

Max. HR: 166 (96% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 160 / 90 mmHg

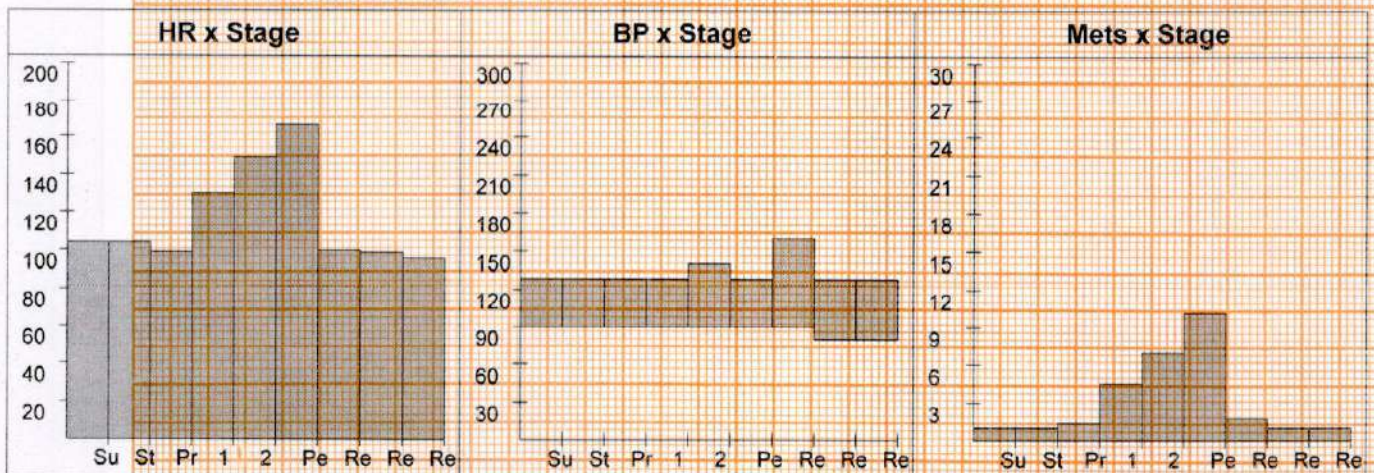
Max. BP x HR: 26560 mmHg/min

Min. BP x HR: 7680 mmHg/min

Test Termination Criteria: Target HR attained.

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 41	1.0	0	0	104	130 / 90	-0.64 III	0.71 I
Standing	0 : 3	1.0	0	0	104	130 / 90	-0.42 II	-0.35 III
1	3 : 0	4.6	1.7	10	130	130 / 90	-1.06 II	1.42 I
2	3 : 0	7.0	2.5	12	149	140 / 90	-1.49 II	1.42 II
Peak Ex	2 : 8	10.2	3.4	14	166	130 / 90	-1.91 III	2.12 II
Recovery(1)	3 : 0	1.8	1	0	100	160 / 90	-1.06 III	2.48 II
Recovery(2)	3 : 0	1.0	0	0	99	130 / 80	-0.64 II	1.06 II
Recovery(3)	1 : 12	1.0	0	0	96	130 / 80	-0.42 II	0.71 I



DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SINDHU .K (47 F)

ID: 65488356

Date: 17-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 83 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 90

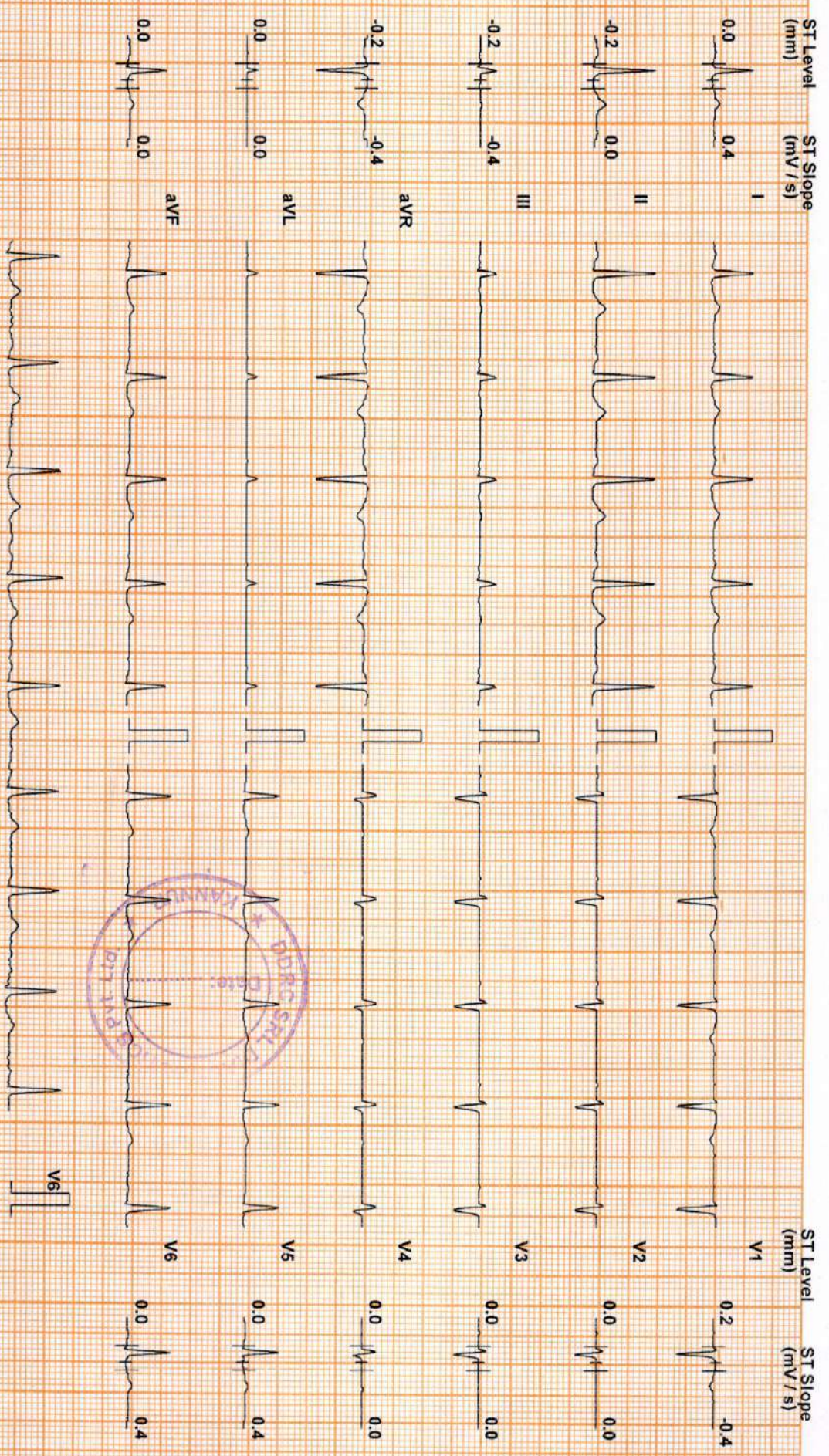


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso - R - 60 ms

J - R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SINDHU .K (47 F)

Protocol: Bruce

ID: 6548856

Date: 17-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 83 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

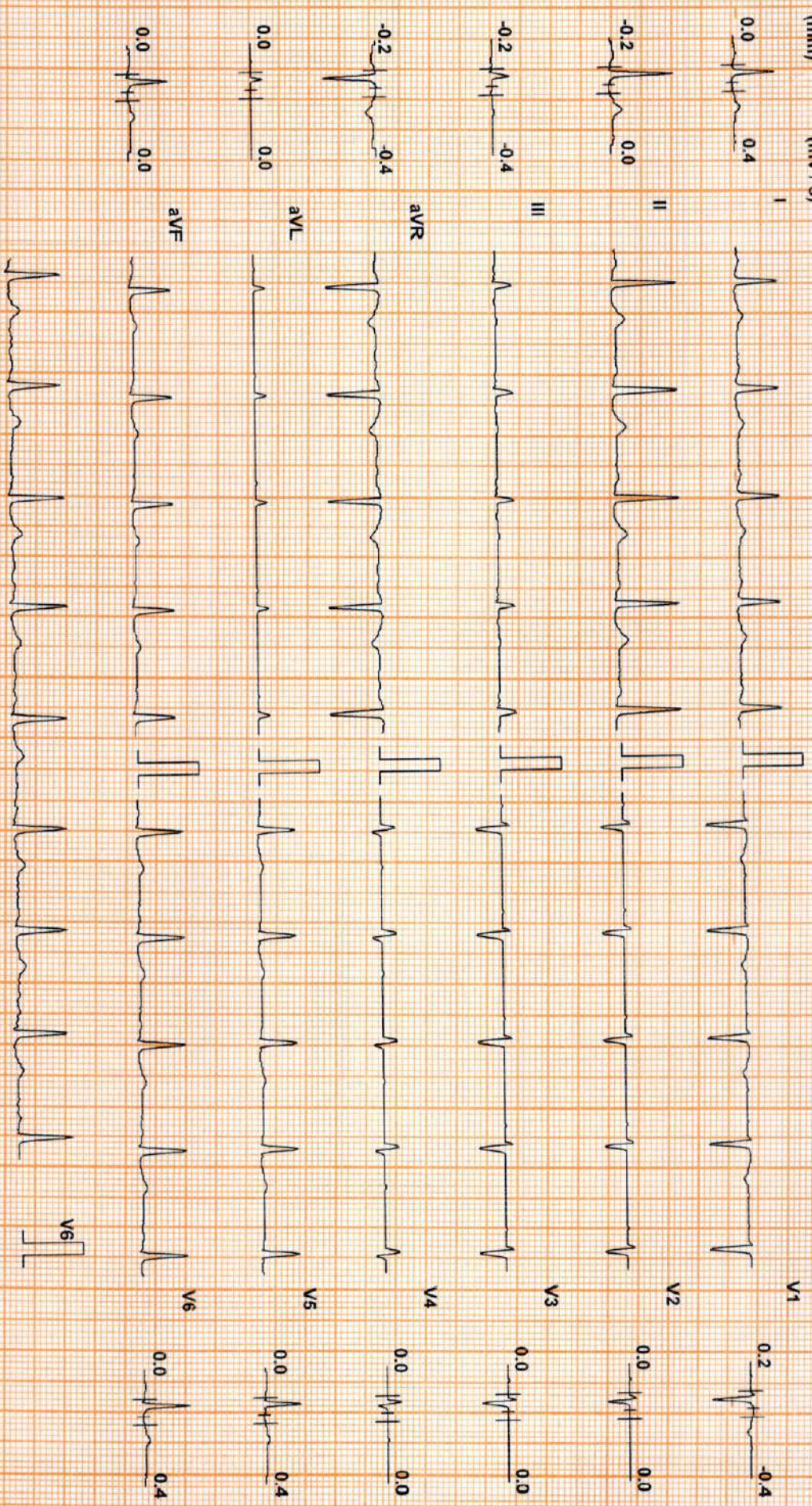


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SINDHU .K (47 F)

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

ID: 6548856

Date: 17-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 100 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

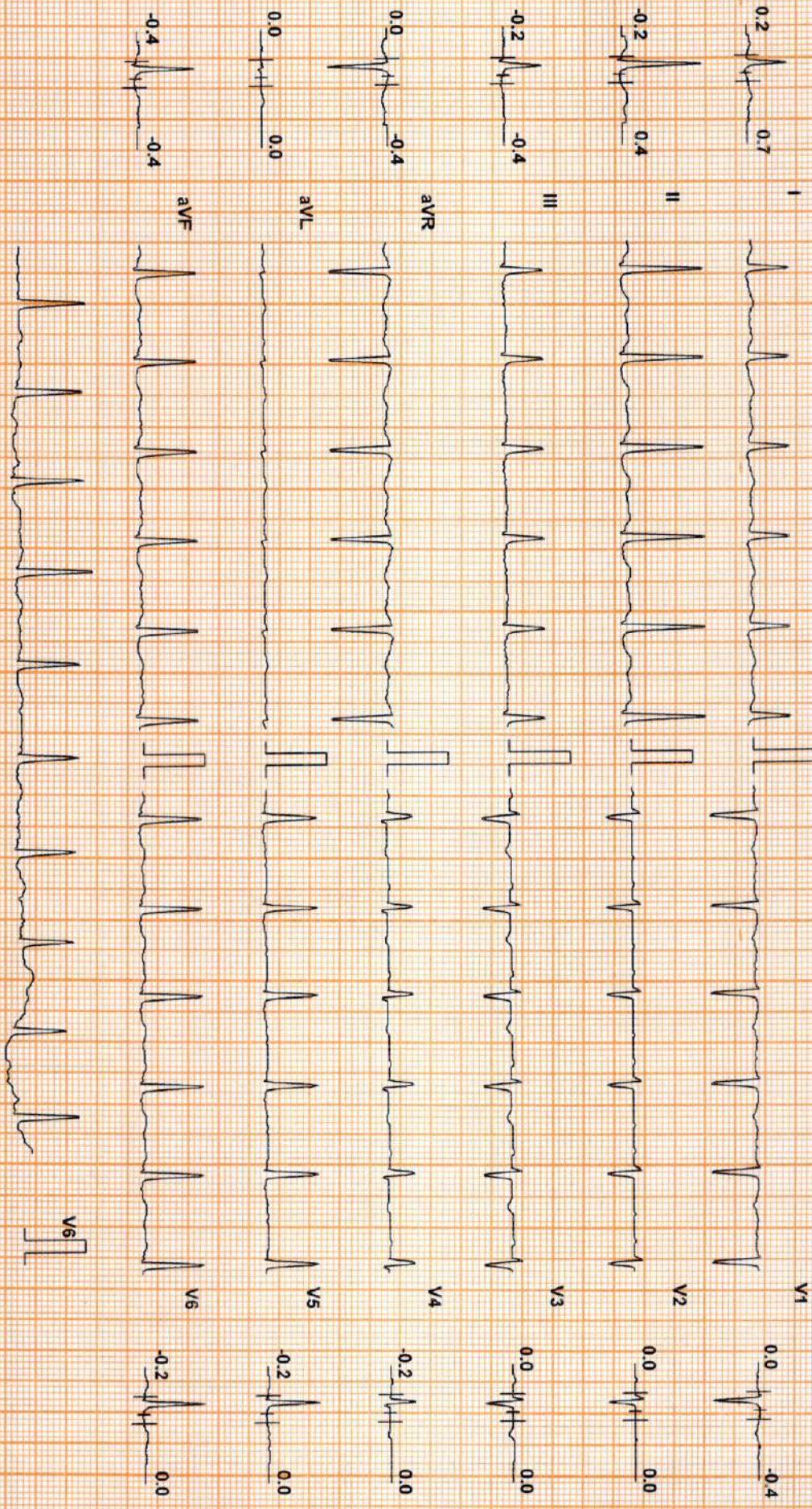


Chart Speed: 25 mm/sec
Schiller Standard V47

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SINDHU .K (47 F)

ID: 6548856

Date: 17-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 100 bpm

Protocol: Bruce

Stage: Pre Test

Speed: 0.5 mph

Grade: 0.5 %

(THR: 155 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

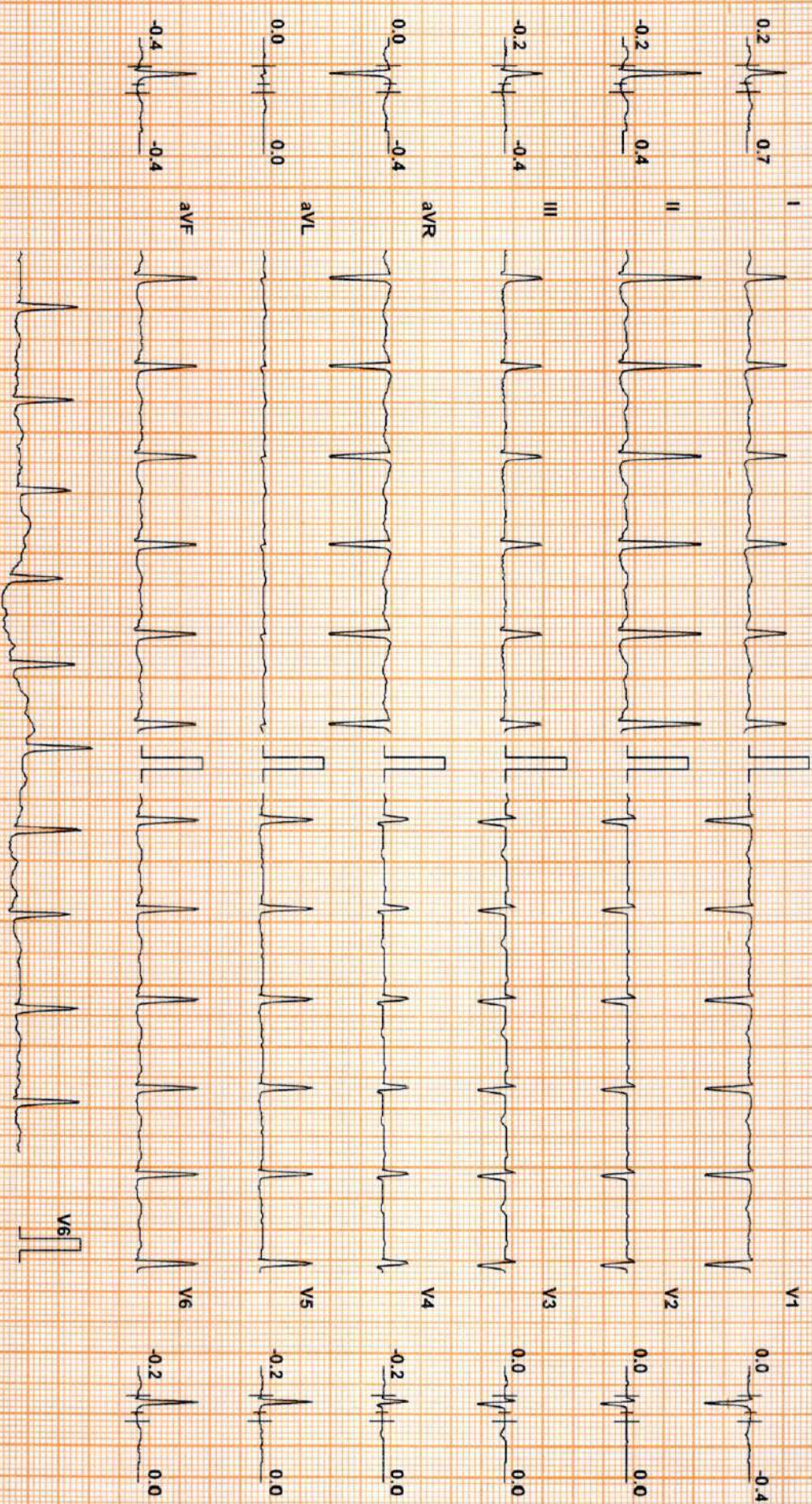


Chart Speed: 25 mm/sec
Schiller Spandon V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SINDHU .K (47 F)

Protocol: Bruce

DDRC SRL DIAGNOSTICS PVT LTD ,KANNUR

ID: 6548856

Date: 17-Dec-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 128 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 155 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

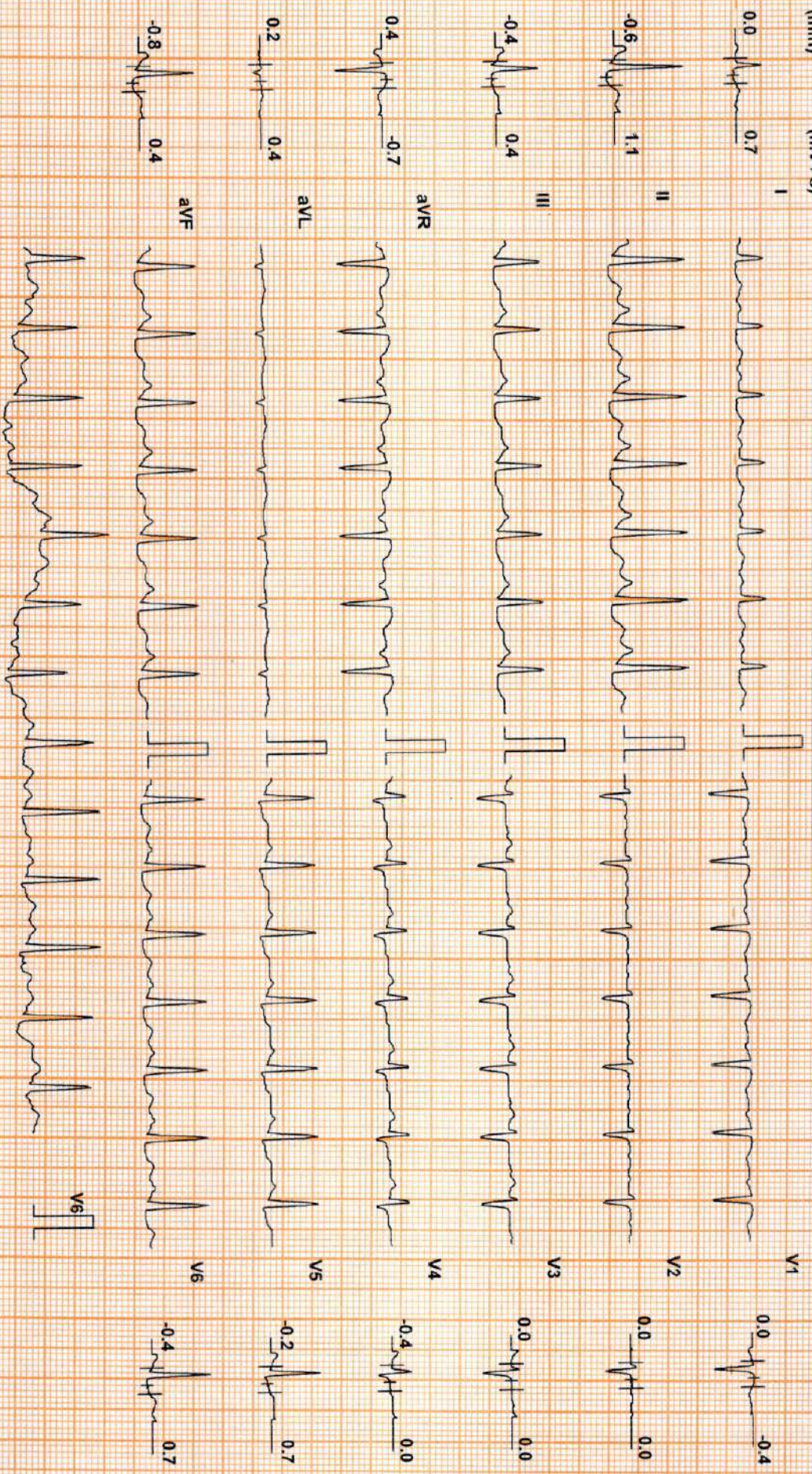


Chart Speed: 25 mm/sec
Schiller Spandan V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS PVT LTD, KANNUR

SINDHU .K (47 F)

Protocol: Bruce

ID: 6548866

Date: 17-Dec-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 150 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 155 bpm)

B.P: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

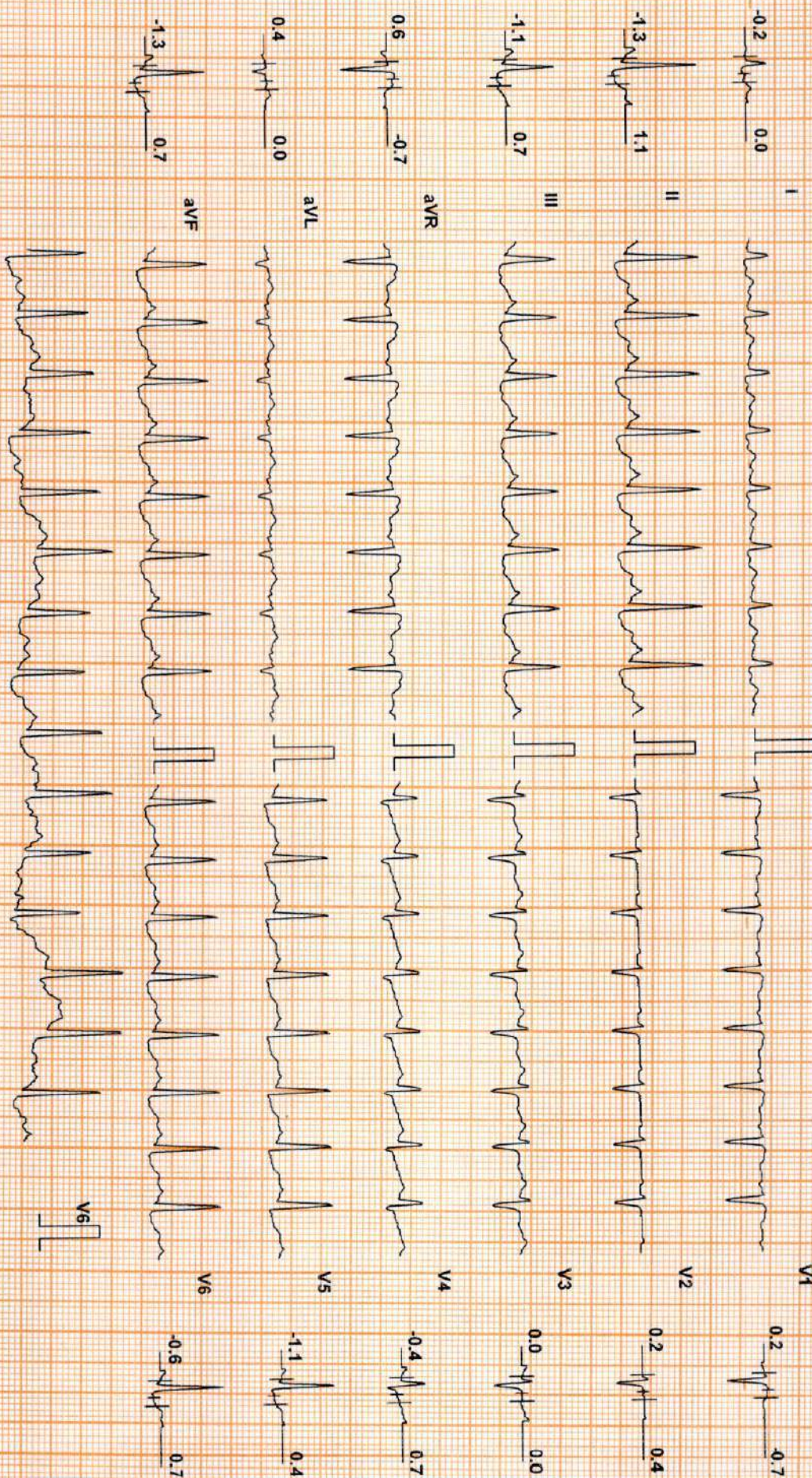


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

SINDHU .K (47 F)

DDKC SRL DIAGNOSTICS PVT LTD, KANNUR

ID: 6548856 Date: 17-Dec-22 Exec Time : 7 m 42 s Stage Time : 1 m 42 s HR: 166 bpm

Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % (THR: 155 bpm) B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

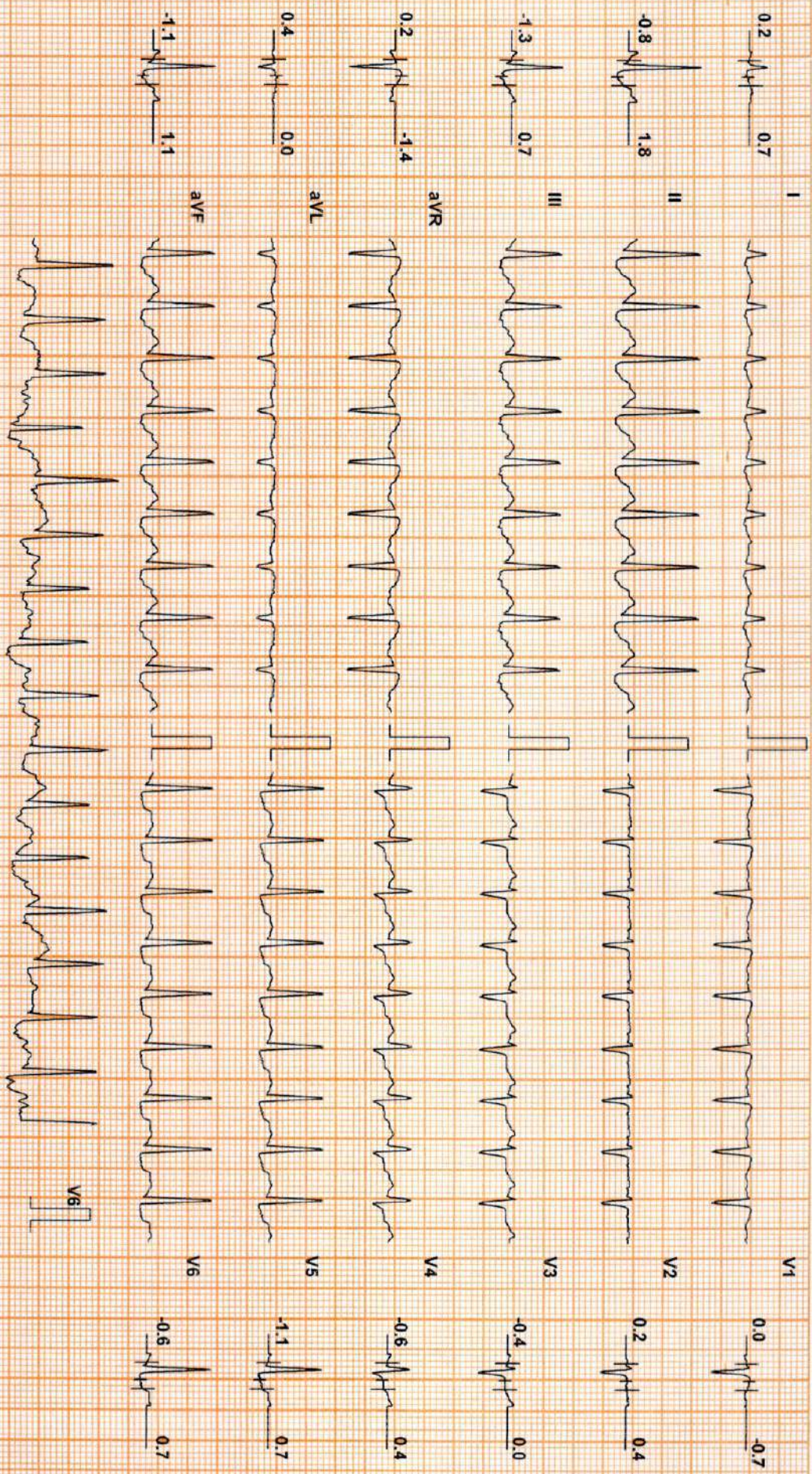


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SINDHU .K (47 F)

ID: 6548856

Date: 17-Dec-22 Exec Time : 8 m 8 s Stage Time : 0 m 6 s HR: 161 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph Grade: 0 % (THR: 155 bpm) B.P: 160 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

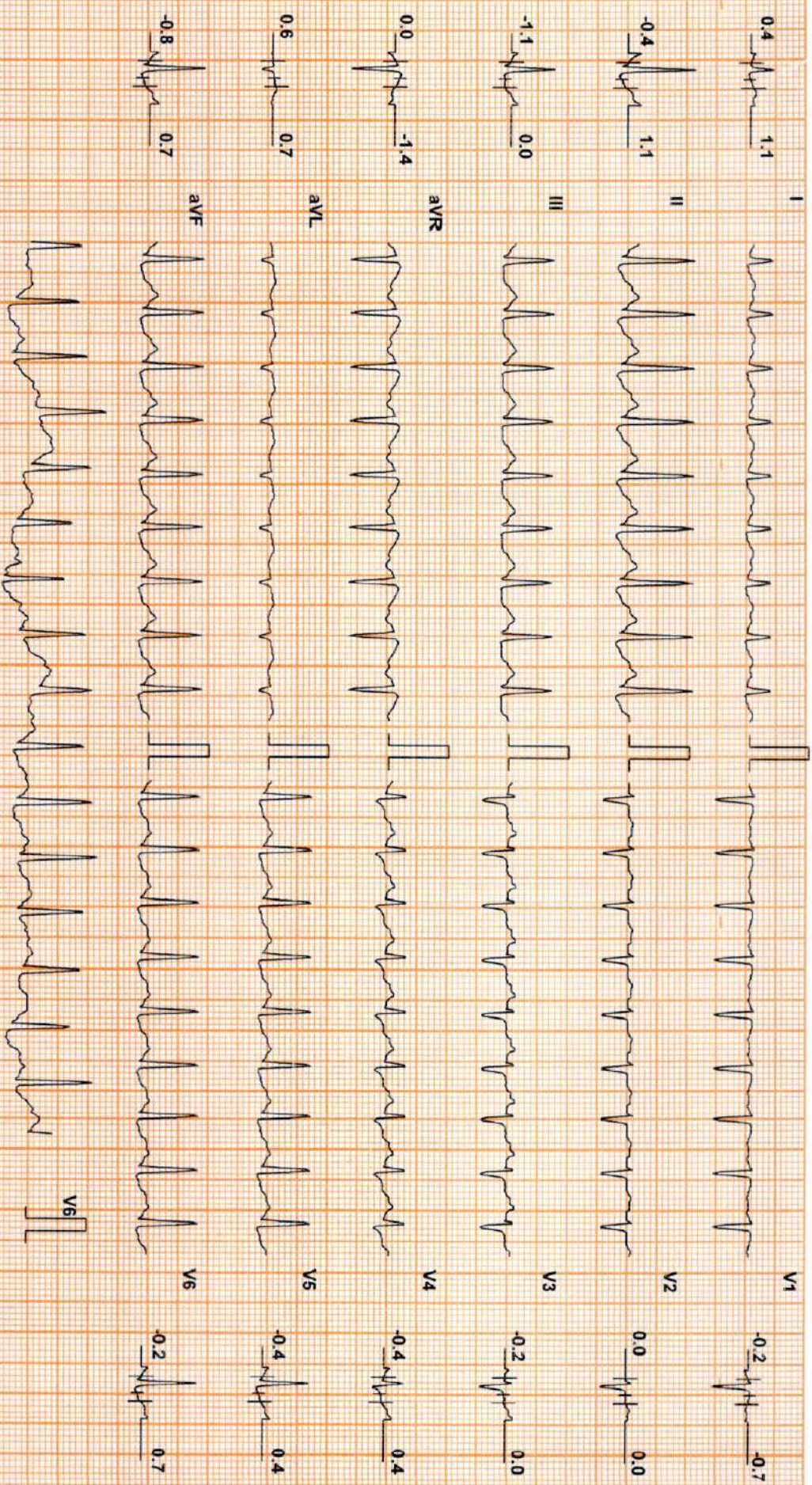


Chart Speed: 25 mm/sec
Schlitz Spandau V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SINDHU .K (47 F)

DDRC SRL DIAGNOSTICS PVT LTD, MANNUR

ID: 6548856

Date: 17-Dec-22

Exec Time : 8 m 8 s

Stage Time : 2 m 6 s

HR: 96 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

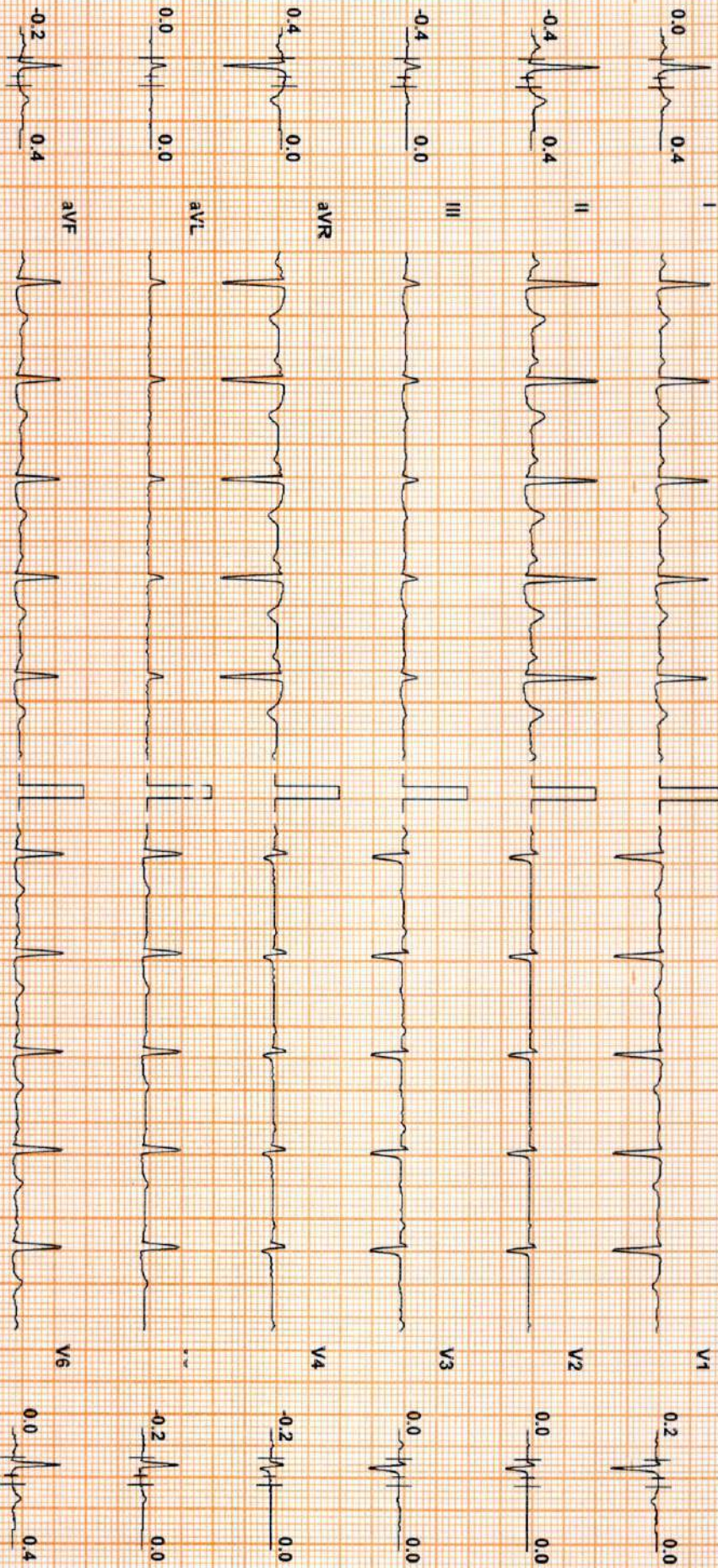


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SINDHU .K (47 F)

ID: 6548856

Date: 17-Dec-22

Exec Time : 8 m 8 s

Stage Time : 1 m 12 s HR: 97 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

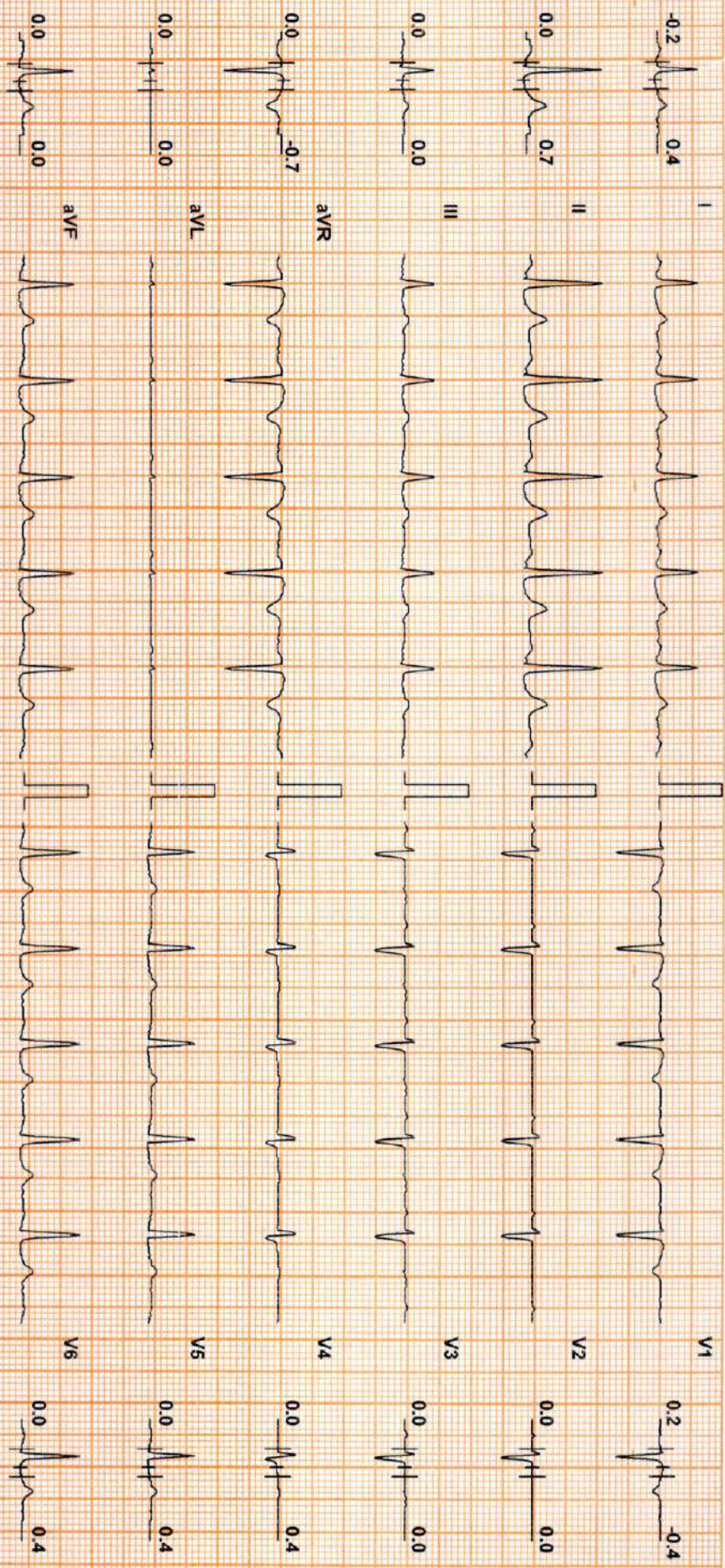


Chart Speed: 25 mm/sec
Schiller Spardan V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Name	Mrs. SINDHU.K	Age/Sex	48/Female
Ref: By:	MEDI WHEEL	Date	17.12.2022

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

(With relevant image copies)

LIVER: Normal in size and echotexture. No e/o focal parenchymal lesions / IHBD. PV, HV & IVC are within normal limits.

GB: Normally distended, shows normal wall thickness. No e/o calculi/polyps/ pericholecystic collections.

CBD: Normal.

PANCREAS: Head and body visualized and are of normal size and echotexture. No e/o focal/diffuse parenchymal lesions/ductal dilatation/calculi. Tail cannot be visualized due to poor window.

SPLEEN: Normal in size and echotexture. Splenic vein shows normal diameter.

KIDNEY'S: Both kidneys are normal in size and echotexture. No e/o calculi/ hydronephrosis/ focal lesions/ perinephric collections.

RIGHT KIDNEY: Measures 100 x 38 mms

LEFT KIDNEY: Measures 103 x 40 mms

UB: Partially distended, shows normal wall thickness. No e/o calculi/growth/diverticulae. Both UV junctions are within normal limits.

UTERUS: Not visualized- post hysterectomy status.

OVARIES: Both ovaries are not well visualized.

POD: No free fluid.

No e/o intraperitoneal free fluid/ abdominal lymphadenopathy/ mass lesion.

IMPRESSION

- **NO SONOLOGICALLY DETECTED ABNORMALITY IN THE ABDOMEN AND PELVIS.**

Dr. P. NIYAZI NASIR
MBBS, DMRD

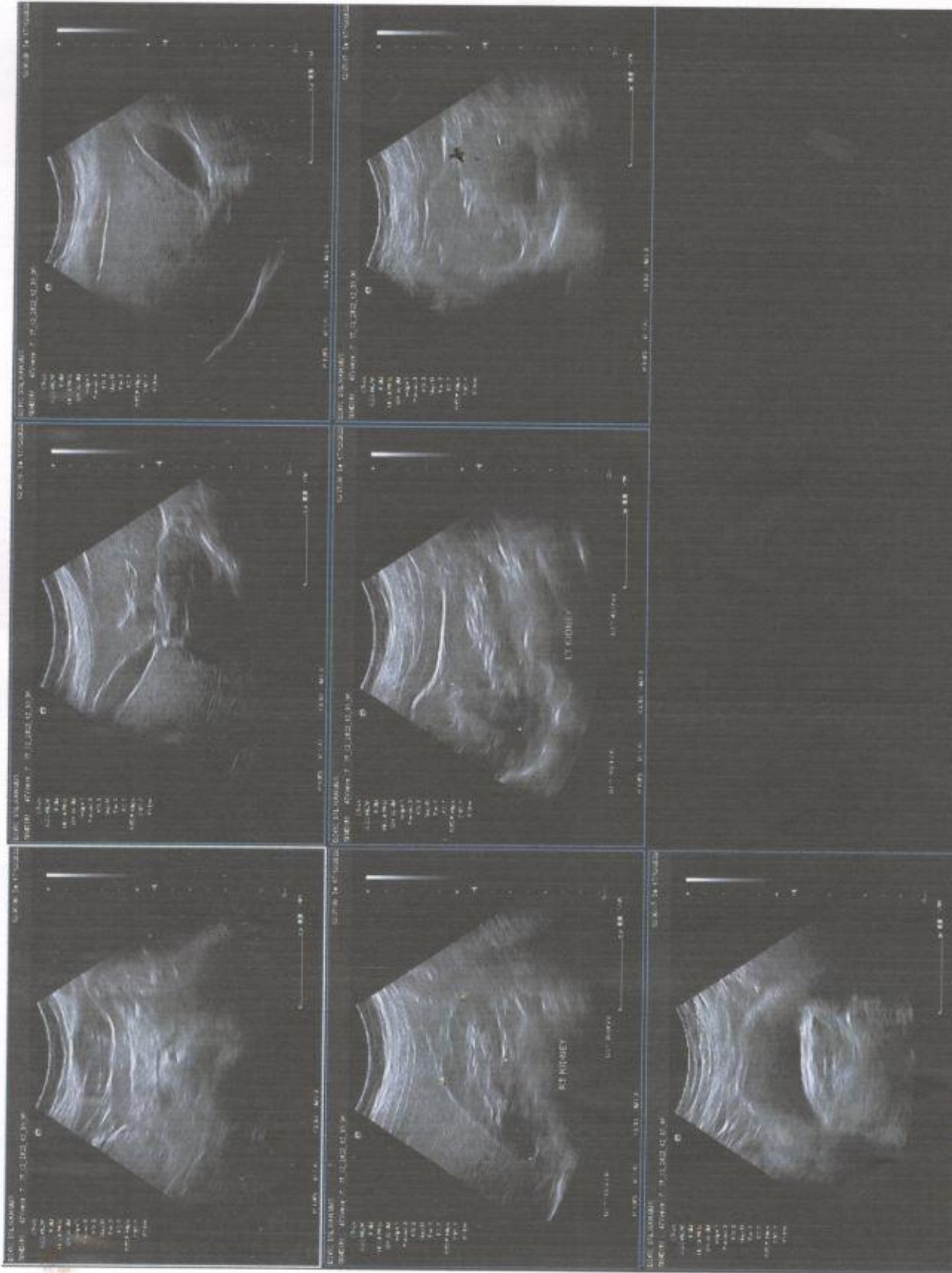
(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR

DDRC SRL KANNUR

SINDHU : 17_12_2022_12_30_05

20221217



Name	SINDHU.K	Age/Sex	/Female
Ref: By:	MEDI WHEEL	Date	17.12.2022

Thanks for referral

CHEST X-RAY – PA VIEW

Trachea is central. Carina and principal bronchi are normal.

Cardio-thoracic ratio is within normal limits.

Both lungs show normal Broncho-vascular markings. No definite focal opacities noted.

No volume loss in either hemithorax.

No definite mediastinal widening or other abnormalities noted.

CP angles, diaphragm, bony cage and soft tissue shadows - not remarkable.

IMPRESSION:

- Normal X-ray chest



**DR. P. NIYAZI NASIR,
MBBS, DMRD**

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).



**Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR**

R

SINDHU.K 48Y/F MEDIWHEEL VL001616 CHEST ,P-A 17-Dec-22 12:03 PM

DDRC SRL KANNUR