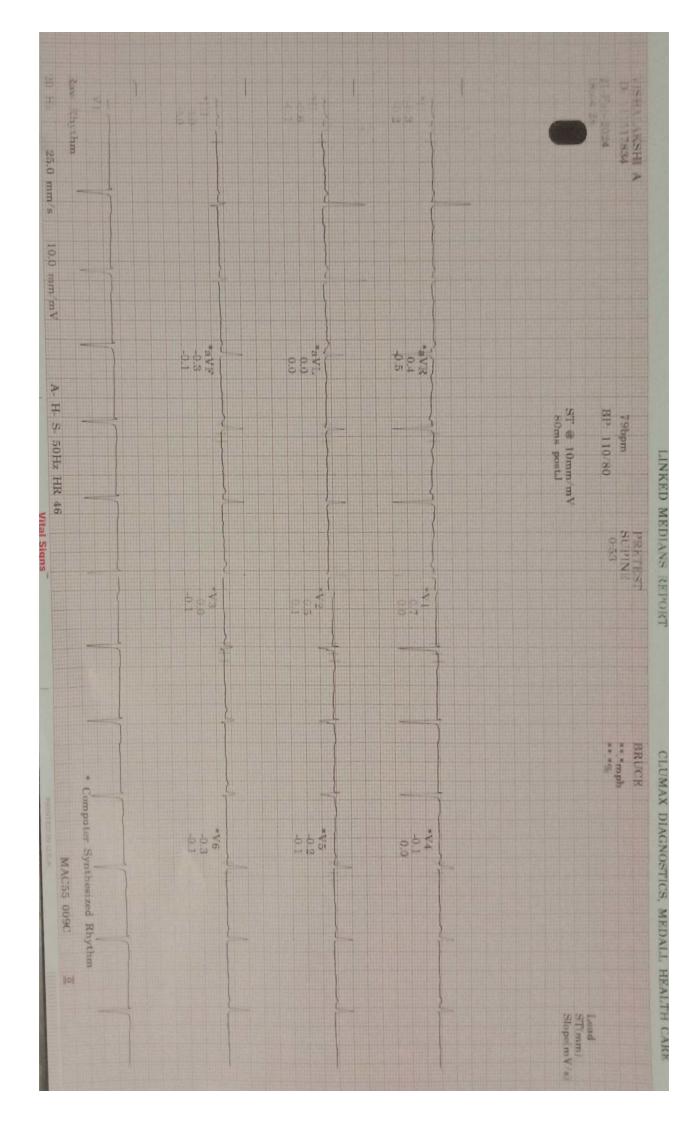
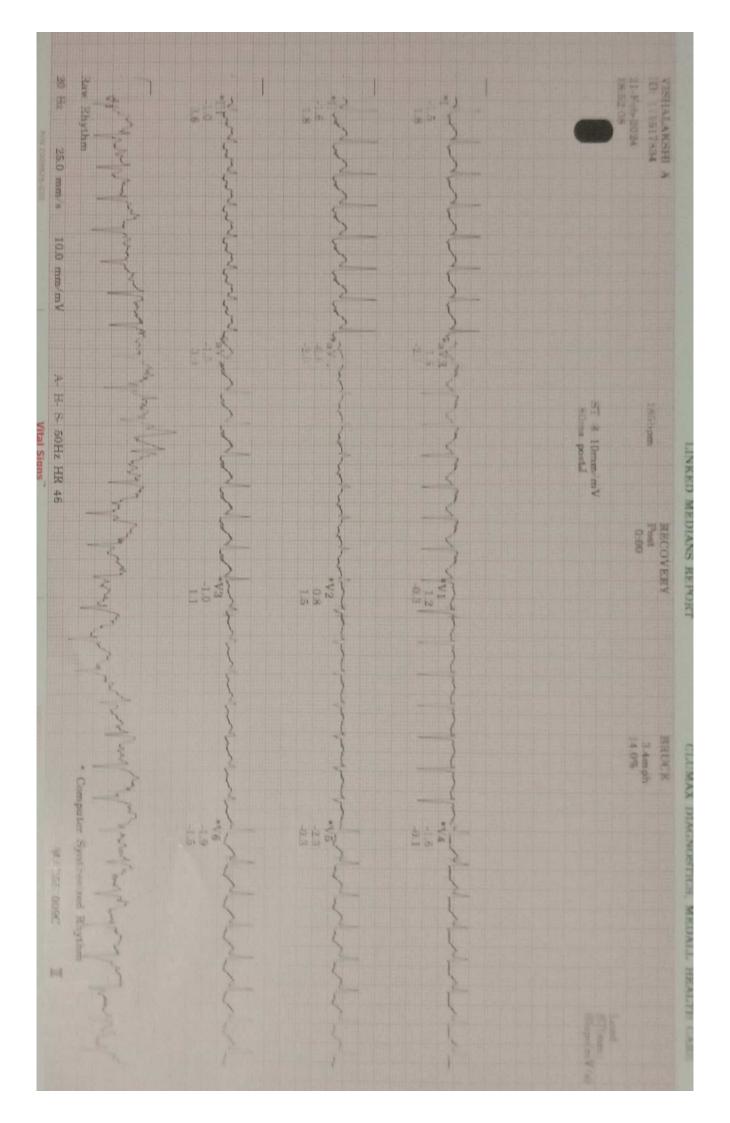
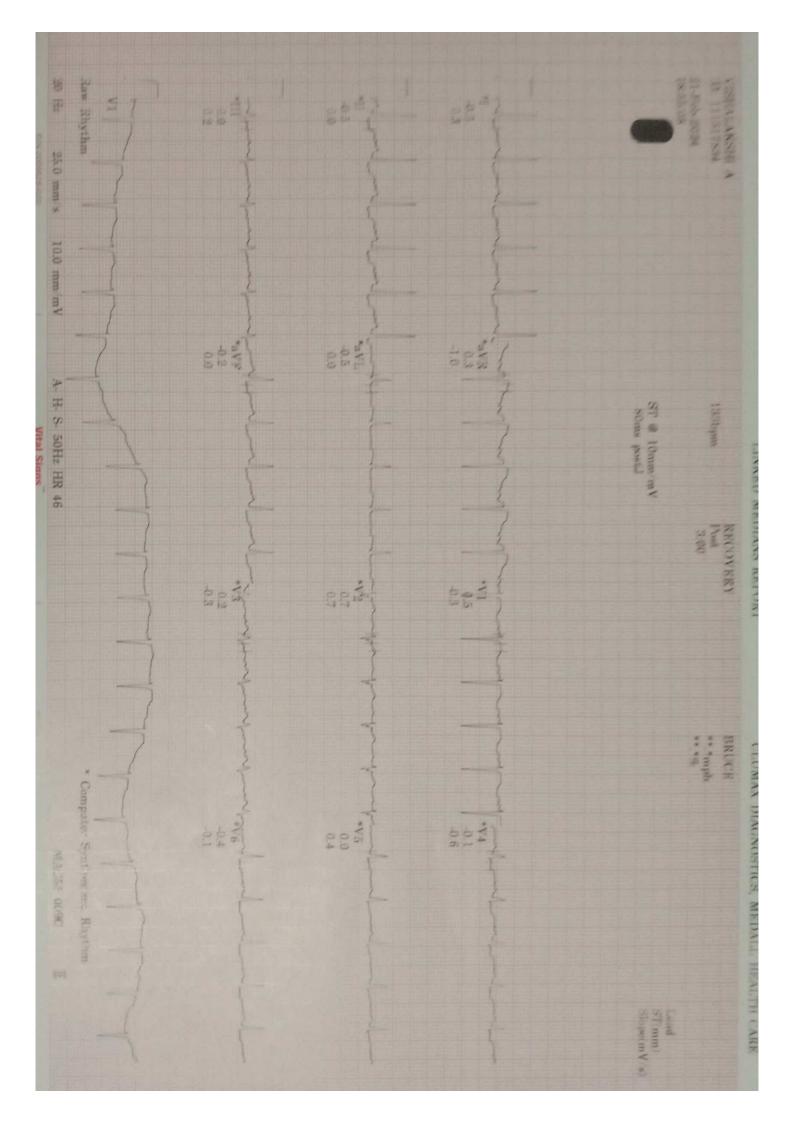
BUILD N/d	Technician: KAVYASREE		ROOVERY		SKINGSKE	LINE LINE	11		Non-state of the state of the s
DCU BCB	YASREE		Pes	STAGE 3	STAGE 1	NIGHE	Stage Name	Referred by Test and	-
	CILUMAX								NAME OF TAXABLE PARTY.
Wital	DIAGNOST								
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	L HEALTH		-	0.45			10 m	SALING STAMO	MODE STREET
No. of the last of	CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE			14	1 5		Work Land METS	AND BY MESPONCE	ODERATE EPHORIC
THE RESERVE THE PERSON NAMED IN							100	CURTY TACHEMIA CRIMO EXEMISE DACO	A COLUMN TO SERVICE STATE OF SERVICE STA
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	MAC55 009C				181		MAN ALES	PERSON	Camera Cam
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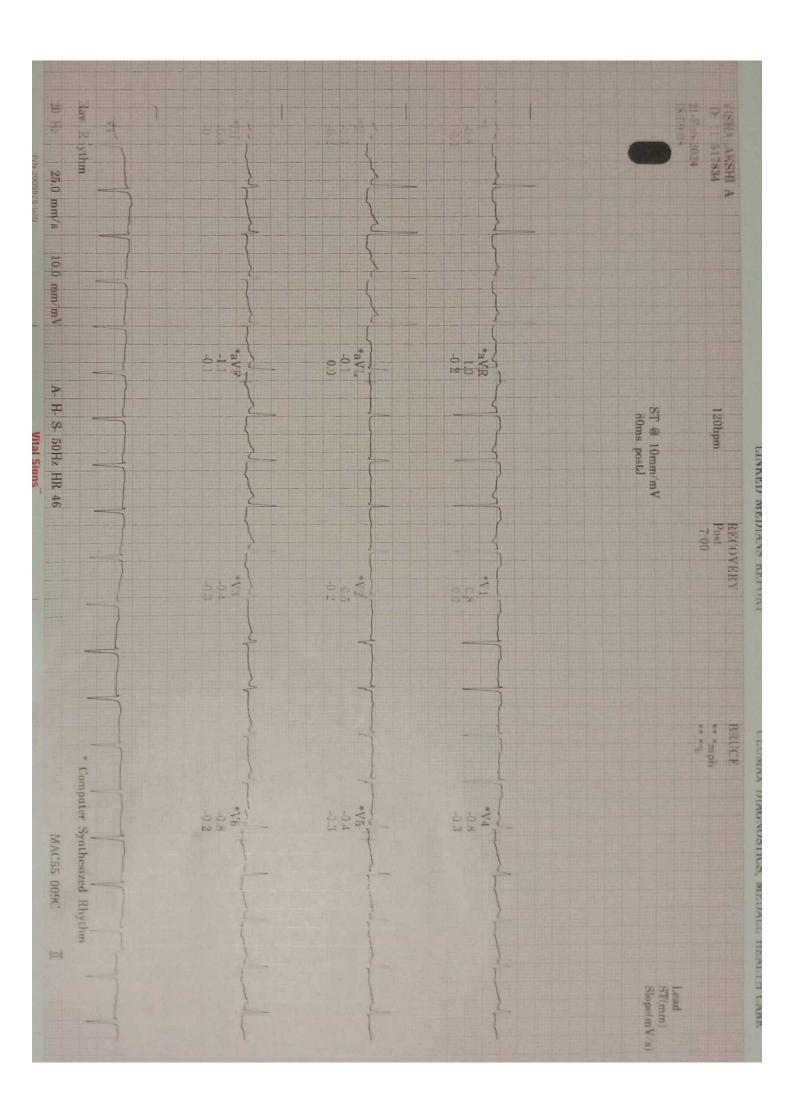
31-Feb-2024 18-43-36 Technician: KAVYASREE EXERCISE STAGE 1 0.00 LEMETS VISHALAKSHI A 10.00 0.0 D 111517834 0.0 Referred by 1.0 1.0 1.0 1.0 aVF -0.3 44 years 0.1 0.1 BASELINE BP: 110/80 ST @ 10mm 56kg CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE 0.2 ST @ 10mm/mV Female GRADED EXERCISE SUMMARY -0.4 -0.1 -0.3 -0.2 V6 -0.4 ST(mm) Slope(mV/s) Max HR. 1855pm 195% of max predicted 1755pm Max BP: 110 80 Reason for Termination: Patient fatigue Comments: MODERATE EFFORT TOLERANCE NORMAL HR AND BP RESPONCE ST DEPRESSIONS NOTED DURING EXERCISE WHICH PERSISTED TMT IS POSITIVE FOR INDUCIBLE ISCHEMIA ISHUCE EXERCISE STAGE 2 5.14 7.0METS -0.7 2.6 Total Exercise time: DVR MAX ST aVL aVF -2.0 0.1 -2.5 -0.7 175bpm BP: 110/80 633 V2 -0.8 V3 -0.9 80ms post-ST @ 10mm/mV MAC55 009C V4 0.5 V5 -1.4 1.2 V6 -1.2 TOO may av Slope my s STimes

P/N 2009s	Technician: KAVYASREE	.14	# A 32		at .			1.		21		38	3 · 110 80	SAFELINE SAFELINE	•	15 18.36 15 18.36	534	
328-020	YASKEE	9.1	The state		aVL	51	al I		1			21	BP. 110/80	MAX ST EXERCISE	Referred by: Test and:		A dilyears	
	CLUMAX DIA	10	100		aVL TVE	2.5	aVR	5.		13.	= 1 2	13 (Tapabu	PRAK EXERCISE 6.31		56kg		
Vital Signs"	GNOSTICS, MEDAL	0.0	aVF	2.0	aVL 0.0	10.2	aVR		-0.2	0.3		0:2) Li opn	TEST END RECOVERY			Female	SELECTED MEDIANS
	CLUMAX DIAGNOSTICS, MEDALL HEALT CARE	-0.2	V ₀		V		r'A				V2	, DA	E2 110/80	EASELINE EXERCISE	ST DEPRESSIONS NOT TMT IS POSITIVE FO	Comments MODERATE EFFCET	108/III	MEDIANS REPORT
W S F M G S FRR d	ed	25	() () () () () () () () () ()) 12		0.7	V.4			\$5	12 }	20 -	B 110/80	MAX ST EXERCISE	FOR INDUSIBLE ISCHEMIA	MODERATE EFFCET TOLERANCE	05% of max predicted 1768-pm Vaximum workload	Trail Duran
The second second	MAC55 009C	1.1	Vi C	0.3	Vi	3,0	V.	E	1	21	V2 -	70 T	l coopin	PRAK EXERCISE 6-31	FOR INDUCIBLE ISCHEMIA	ANCE	76bpm orkload: 7 sWETS	
	09C Slope(mV/s	0.0	Y .	1.0	Vo	5 1	VI VI	100	*	25	5	616 277 AJ	ude	TEST END RECOVERY 9-50	SISTED		19.0 mm/mV	









21	8	AUF	AUL	AUR		II	7	Male AGE: 47 AGE: 47 Measurement R QRS QT OTEB PR	Occoping a
Feb. 2024								esults: 350 / 350 / 48 /	S IEMIS
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25mm/s								, ž	
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ADS								QRS S	111517834 CILMAX DIAGNOSTICS, MYSORE
50Hz 0.08	-	}						Inte	DSTICS MY
								355535 5	
- 20Hz		8	5	4	3	U2	C ₁	Interpretation: Short PR Interv ST-segment depr T-wave near bas negative T-wave R/S inversion a borderline ECG	SORE
- 20Hz 6_F1		08	55	4	43	8	C	ation: interval t depres ar basel f-wave (sion are	SORE
- 20Hz 6_		18	55	4	L S	2	C1	ation: Aurumal interval t depression (anterior ar baseline (lateral) sion area between U1 e ECG	SORE
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- 20Hz 6_F1 Automatic			5	15	U3	22		ation: Normal Admine Rhylem Interval t depression (anterior) (ischema, to a r baseline (lateral) sion area between v1 and v2 e ECG	



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM MYSORE-570005, KARNATAKA

CASE SHEET

Name: VISHALAKSHI A

OP No: 60P1234434 Gender: Male Age: 47 Date: 21/02/2024

Complaint

S.No	Eye	Complaint	Duration	Туре	Remarks
2	BE	FOR MEDICAL CERTIFICATE	1	Days	

Medical History

S.No	Eye	Surgery	Duration	Туре	Remarks
1	SYSTEMIC	GALLBLADDER CYSTS	3	Year(s)	AYURVEDIC MED

Diagnosis

Eye	ICDCode	ICD	Version	Remarks
BE	33624	Presbyopia - H52.4 - 10	10	
BE	24125	PRESBYOPIA	9	

SCHIRMER'S Test & TBUT

IOP

Туре	NCT			DVT Flag				
Target					DVT1	DVT2	DVT3	DVT4
To a de	BD	AD	CL	RE				
RE	15			LE				
LE	14			Time	12:00 AM	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	+0.25	+0.50	180	BD	+0.25	+0.75	170
AD				AD			

GlassPower

P 3 5 6	SPH	CYL	AXIS	ADD
RE	+0.75	AND DESIGNATION		+1.75
LE	+0.75			+1.75

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/6 BLR	6/6 ST		DV	6/6 BLR	6/6 ST	
NV	N10	N6		NV	N10	M6	

Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	0	+0.50	180	6/6	Dist	0	+0.50	170	6/6
Near	+1.75	+0.50	180	N6	Near	+1.75	+0.50	170	N6

Color Vision

Chart Type	1	
RE	38/38	
LE	38/38	
Remarks	NORMAL	

Recommendations

User Name	Recommendations
Dr RICHA.	BE- CLEAR CORNEA AC VH IV PUPIL RRR LENS CLEAR FUNDUS: BE VCDR 0.3, FR+ ADV- CAN CONTINUE SAME GLASSES R/A 1YR/SOS

This visit was Electronically Signed by Mr JACOB SEENUVASAN on 2/21/2024 3:27:13 PM.

This visit was Electronically Signed by Dr RICHA . on 2/21/2024 3:44:46 PM.

NETHRADHAMA

Super Speciality Eye Hospitals IA Unit of Northradhama Hospitals IA No. 1118, Beetha Road, Chamara Mysore-570005 Ph : 0821-425



FITNESS CERTIFICATE

NAME: Visholodishi A	AGE: 43			
Hit 145 CMS	WE SE KGS	SEX:	Egrale	

PARAMETERS	MEASUREMENTS			
PULSE / BP (supine)	95 /mt / /mmHg Ha (% =			
INSPIRATION	38			
EXPIRATION	38			
CHEST CIRCUMFERENCE	39			
PREVIOUS ILLNESS	Nel			
VISION				
FAMILY HISTORY	FATHER: DM. HTW MOTHER:			

REPORTS:

my POSITIVE Needs CAG

DATE:

21/22/229 Nyseer

PLACE:

CONSULTANT PHYSICIAN TOTAL CONT.

Name	MRS.VISHALAKSHI A	ID	MED111517834
Age & Gender	47Y/FEMALE	Visit Date	21/02/2024
Ref Doctor Name	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 multiple calculi are noted within, largest measuring 8.3mm.

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.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.3	1.8
Left Kidney	9.9	1.6

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness 4.8 mms.

Uterus measures as follows: LS: 6.2cms AP: 3.7cms TS: 4.6cms.

OVARIES are normal size, shape and echotexture.

POD & adnexa are free.

No evidence of ascites.

Divarication of recti noted.

IMPRESSION:

> CHOLELITHIASIS.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

DR. MOHAN B

Name	MRS.VISHALAKSHI A	ID	MED111517834
Age & Gender	47Y/FEMALE	Visit Date	21/02/2024
Ref Doctor Name	MediWheel		



X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

BILATERAL MAMMOGRAPHY

Bilateral breasts show symmetrical fibroglandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

No evidence of axillary lymphadenopathy on both sides.

IMPRESSION:

> ESSENTIALLY NORMAL STUDY.

ASSESSMENT: BI-RADS CATEGORY - 1

1 Negative. Routine mammogram in 1 year recommended.

DR. ANITHA ADARSH CONSULTANT RADIOLOGIST

AA/mm

PID No. : MED111517834 **Register On** : 21/02/2024 9:09 AM

: 712405852 SID No. Collection On : 21/02/2024 9:31 AM

Printed On

Age / Sex : 47 Year(s) / Female Report On : 21/02/2024 7:13 PM Type : OP

Ref. Dr : MediWheel



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

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

 $({\rm EDTA~Blood} Agglutination)$

Remark: Test to be confirmed by gel method.

'O' 'Positive'



: 22/02/2024 9:36 AM



VERIFIED BY

PID No. : MED111517834 R
SID No. : 712405852 C

Age / Sex : 47 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 21/02/2024 9:09 AM

Collection On : 21/02/2024 9:31 AM

Report On : 21/02/2024 7:13 PM

Printed On : 22/02/2024 9:36 AM



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

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin	14.2	g/dL	12.5 - 16.0
-------------	------	------	-------------

(EDTA Blood/Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	43.4	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.99	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	87	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	28.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.7	g/dL	32 - 36
RDW-CV (Derived)	13.6	%	11.5 - 16.0
RDW-SD (Derived)	41.41	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6200	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	51	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	43	%	20 - 45





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APPROVED BY

The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.16	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.67	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.06	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.31	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	270	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i>)	7.9	fL	8.0 - 13.3
PCT	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	08	mm/hr	< 20





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Report On : 21/02/2024 7:13 PM

: OP : 22/02/2024 9:36 AM **Printed On**

Ref. Dr : MediWheel

Type



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.6	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.10	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	2.14		1.1 - 2.2
INTERPRETATION: Remark: Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	17	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	79	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15	U/L	< 38





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Printed On

Type : OP

Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	211	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	88	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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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.

part of the day.			
HDL Cholesterol (Serum/Immunoinhibition)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	152.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	170.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220





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Age / Sex : 47 Year(s) / Female Report On : 21/02/2024 7:13 PM

Printed On

Type : OP

Ref. Dr : MediWheel

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

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.

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5.1 Total Cholesterol/HDL Cholesterol Ratio Optimal: < 3.3Low Risk: 3.4 - 4.4 (Serum/Calculated) Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Optimal: < 2.5 Triglyceride/HDL Cholesterol Ratio 2.1 Mild to moderate risk: 2.5 - 5.0

(TG/HDL)

(Serum/Calculated)

LDL/HDL Cholesterol Ratio 3.7 Optimal: 0.5 - 3.0 (Serum/Calculated)

Borderline: 3.1 - 6.0 High Risk: > 6.0

High Risk: > 5.0





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 : 21/02/2024 9:31 AM

Type : OP

Ref. Dr : MediWheel



Investigation Glycosylated Haemoglobin (HbA1c)	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

: 22/02/2024 9:36 AM

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Printed On

Estimated Average Glucose 102.54 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 glycemic 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 HbAlc.





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	8.4		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	81	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

: 22/02/2024 9:36 AM

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting (Urine - F)	Nil	Nil
Urine Sugar (PP-2 hours) (Urine - PP)	Negative	Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.6 mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9 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

Uric Acid 4.2 mg/dL 2.6 - 6.0

(Serum/Uricase/Peroxidase)





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Age / Sex : 47 Year(s) / Female **Report On** : 21/02/2024 7:13 PM

Type : OP

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed</u> <u>l</u>	<u>Jnit</u>	<u>Biological</u>
-	<u>Value</u>		Reference Interval

: 22/02/2024 9:36 AM

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.29 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 (Thyroxine) - Total 10.07 Microg/dl 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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) 2.255 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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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Ref. Dr : MediWheel



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

: 22/02/2024 9:36 AM

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour	Pale Yellow	Yellow to Amber

(Urine/Physical examination)

Volume 25 ml

(Urine/Physical examination)

Appearance Clear

(Urine)

CHEMICAL EXAMINATION

(Urine)

Specific Gravity 1.010 1.002 - 1.035

(Urine/Dip Stick - Reagent strip method)

Protein Negative Negative

(Urine/Dip Stick - Reagent strip method)

Glucose Nil Nil

(Urine)

Ketone Nil Nil

(Urine/Dip Stick - Reagent strip method)

Leukocytes Negative leuco/uL Negative

(Urine)

Nitrite Nil Nil

(Urine/Dip Stick - Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)

Blood Nil Nil

(Urine)





VERIFIED BY

PID No. : MED111517834

SID No. : 712405852

Age / Sex : 47 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 21/02/2024 9:09 AM

Collection On : 21/02/2024 9:31 AM

Report On : 21/02/2024 7:13 PM

Printed On : 22/02/2024 9:36 AM



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil





VERIFIED BY

APPROVED BY

-- End of Report --

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Type : OP

PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)
Pap smear by conventional method.

Specimen No:P-52/24

Adequacy: Satisfactory for EvaluationTransformation zone seen

Predominant cells:Smear studied shows predominantly superficial and intermediate cells. Occasional squamous metaplastic cells seen

Background: Moderate neutrophilic inflamatory infiltrate and normal vaginal flora

Impression: Inflamatory Smear

Negative for Intraepithelial Lesions/Malignancy

Note:-

PAP smear is a screening Tool. A negative test interpretation does not completely rule out malignancy and should be correlated with clinical findings. Positive findings (if any) are indicative but Not confirmatory of epithelial abnormalities and Need to be further evaluated by other diagnostic Methods such as colposcopy, biopsy and Histopathology.







Name	Mrs. VISHALAKSHI A	ID	MED111517834
Age & Gender	47Y/F	Visit Date	Feb 21 2024 9:09AM
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: No significant abnormality detected.

DR. MOHAN, B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST