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Name: SULEKHA RAMESH Age/Sex: 54 yrs/F Accession No: 4036VK004954

Report Date: 26.11.2022 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 (5 mm).

Spleen: Normal in size (9.3 cm) and echotexture. No focal lesion.

Head (2.2 cm), body (1.4 cm) and tail (1.5 cm) appear normal. No focal Pancreas: lesion. No calcification or duct dilatation noted.

Right kidney length measures 10.6 cm. Parenchymal thickness 1.7 cm Kidneys:

> 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 10.2 cm. Parenchymal thickness 1.7 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Not dilated. Ureters:

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Right ovary: 2.4 x 1.1 cm

Is anteverted and normal in size measures 7.1 x 4.8 x 5.8 cm. Intramural Uterus (TVS): fibroids measuring 1.7 x 1.5 cm and 1.3 x 1.3 cm is noted in anterior wall. A submucosal fibroid measuring 2 x 1.7 cm is noted. A subserosal fibroid measuring 2.2 x 2 cm is noted in the posterior wall. Endometrial echo is normal. ET- 5 mm. Cavity is empty.

Ovaries:

Left ovary: 2 x 0.8 cm

Normal in size and morphology on both sides.

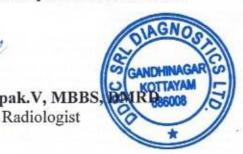
No adnexal lesions. Adnexa:

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:

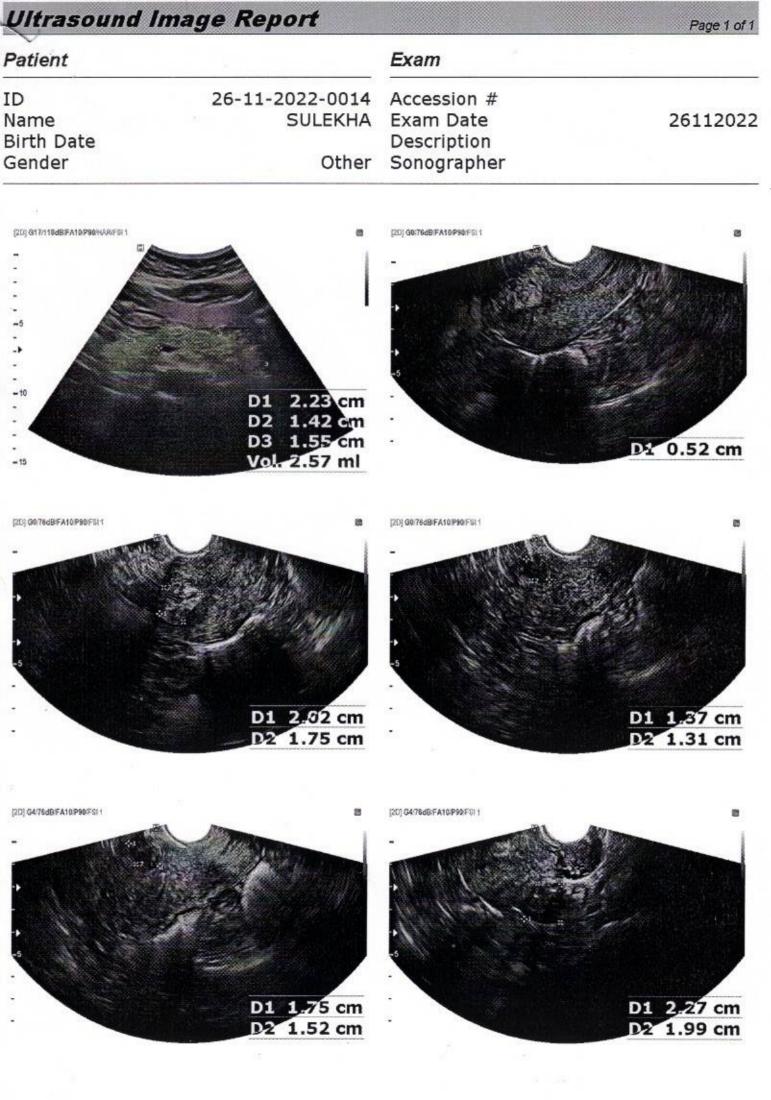
- Grade I fatty changes in liver.
- > Uterine fibroids.

Dr. Deepak.V, MBBS



Note: Please correlate clinically and investigate further as needed.

CIN : U85190MH2006PTC161480 (Refer to "CONDITIONS OF REPORTING" overleaf)







CLIENT CODE : CA000010147 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

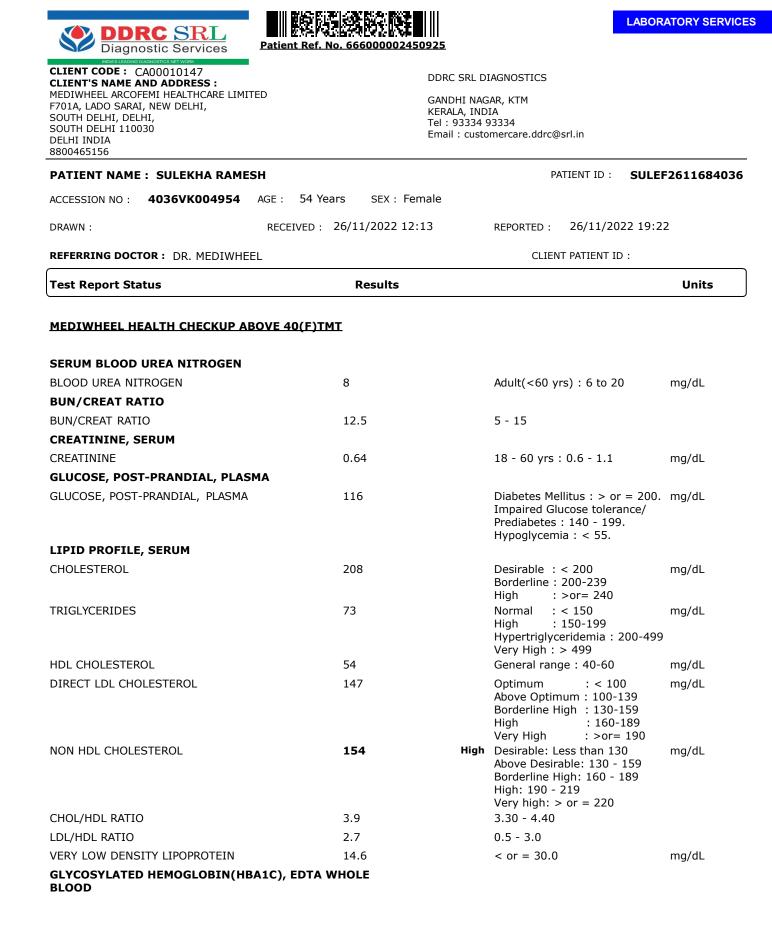
Test Report Sta	itus		Results	Biological R	eference	Interval Units
REFERRING DOCT	OR: DR. MEDIWHE	EL		CLIEN	F PATIENT ID	:
DRAWN :		RECEIVED : 26,	/11/2022 12:13	REPORTED :	26/11/202	22 19:22
ACCESSION NO :	4036VK004954	AGE : 54 Years	SEX : Female			
PATIENT NAME	PATIENT NAME : SULEKHA RAMESH				TIENT ID :	SULEF2611684036

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

TREADMILL TEST	
TREADMILL TEST	COMPLETED
DENTAL CHECK UP	
DENTAL CHECK UP	COMPLETED
OPTHAL	
OPTHAL	COMPLETED
PHYSICAL EXAMINATION	
PHYSICAL EXAMINATION	COMPLETED















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PATIENT NAME : SULEKHA RAMESH

DDRC	SRL	DIAGNOSTICS

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PATIENT ID : SULEF2611684036

ACCESSION NO : 4036VK004954 AGE : 54 Years SEX : Female DRAWN :

RECEIVED : 26/11/2022 12:13

26/11/2022 19:22 REPORTED : CLIENT PATIENT ID :

REFERRING DOCTOR : DR. MEDIWHEEL

Test Report Status	Results			Units
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.9		Normal : 4.0 - 5.6% Non-diabetic level : < 5.7%. Diabetic : >6.5%	6.%
			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%.	
MEAN PLASMA GLUCOSE	122.6	High	< 116.0	mg/dL
LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, TOTAL	0.28		General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.16		0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT	0.12		0.00 - 1.00	mg/dL
TOTAL PROTEIN	8.0		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.4		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	3.6		2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.2		1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22		Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21		Adults : < 34	U/L
ALKALINE PHOSPHATASE	74		Adult(<60yrs): 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	33		Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	8.0		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	6.2		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	12.5		12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.58		3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	5.60		4.0 - 10.0	thou/µL









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DELHI INDIA 8800465156

	DDRC	SRL	DIAGNOSTICS
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REPORTED :

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26/11/2022 19:22

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REFERRING DOCTOR : DR. MEDIWHEEL

Test Report Status	Results			Units
PLATELET COUNT	221		150 - 410	thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT	37.0		36 - 46	%
MEAN CORPUSCULAR VOL	81.0	Low	83 - 101	fL
MEAN CORPUSCULAR HGB.	27.3		27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.8		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	14.0		11.6 - 14.0	%
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	48		40 - 80	%
LYMPHOCYTES	51	High	20 - 40	%
EOSINOPHILS	01		1 - 6	%
ABSOLUTE NEUTROPHIL COUNT	2.69		2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	2.86		1.0 - 3.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.06		0.02 - 0.50	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	0.9			
ERYTHROCYTE SEDIMENTATION RATE (ESP	R),WHOLE			
BLOOD SEDIMENTATION RATE (ESR)	55	Hiah	0 - 20	mm at 1 hr
STOOL: OVA & PARASITE	RESULT PENDING	-	0 20	
SUGAR URINE - POST PRANDIAL		-		
SUGAR URINE - POST PRANDIAL	NOT DETECTED		NOT DETECTED	
THYROID PANEL, SERUM				
T3	94.86		Adult : 60-181	ng/dL
Τ4	8.90		3.2 - 12.6	µg/dl
TSH 3RD GENERATION	2.580		50-80 Yrs : 0.35 - 4.5	µIU/mL
SUGAR URINE - FASTING				
SUGAR URINE - FASTING	NOT DETECTED		NOT DETECTED	
Comments				

NOTE - Kindly correlate clinically. **PHYSICAL EXAMINATION, URINE** COLOR APPEARANCE

PALE YELLOW CLEAR

CHEMICAL EXAMINATION, URINE









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	CDI	
DDRC	SKL	DIAGNOSTICS

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> PATIENT ID : SULEF2611684036

26/11/2022 19:22 **REPORTED** :

CLIENT PATIENT ID :

REFERRING DOCTOR : DR. MEDIWHEEL

DRAWN :

Test Report Status	Results		Units
PH	6.5	4.7 - 7.5	
SPECIFIC GRAVITY	1.010	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	1 - 2	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	90	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 diseaseSIADH.

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 GravisMuscular 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









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REFERRING DOCT	OR: DR. MEDIWHE	EL		CLIEN	PATIENT ID	:
Test Demost Che	A					Unite

Test Report Status Results Units

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.

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(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 HbAIc (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.

eAG gives an evaluation of blood glucose levels for the last couple of months.
 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 addiction 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 paltform (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





Page 6 Of 9





CLIENT CODE: CA00010147 CLIENT'S NAME AND ADDRESS:

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DDRC SRL DIAGNOSTICS

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PATIENT NAME : SULEKHA RAME	SH	PATIENT ID : SULEF2611684036
ACCESSION NO : 4036VK004954	AGE : 54 Years SEX : Female	
DRAWN :	RECEIVED : 26/11/2022 12:13	REPORTED : 26/11/2022 19:22
REFERRING DOCTOR : DR. MEDIWHE	EL	CLIENT PATIENT ID :
Test Report Status	Results	Units
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 < 3.3, COVID-19 patients tends 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, Vasculities, 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: Polycythermia 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

THYROID PANEL, SERUM-

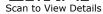
Trilodo France, SECONT S7, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is

hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the







DDRC SRI		8 III		LABORATORY SERVIC
Diagnostic Service	Patient Ref. No. 66600000	<u>)2450925</u>		
INDIA'S LEADING DIAGNOSTICS NET WORK CLIENT CODE: CA00010147 CLIENT'S NAME AND ADDRESS :		DDRC SRL DIAGNOSTICS		
MEDIWHEEL ARCOFEMI HEALTHCAR F701A, LADO SARAI, NEW DELHI, SOUTH DELHI, DELHI, SOUTH DELHI 110030 DELHI INDIA 8800465156		GANDHI NAGAR, KTM KERALA, INDIA Tel : 93334 93334 Email : customercare.ddrce	@srl.in	
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Test Report Status	Results	5		Units
Below mentioned are the guidelines for Pi Levels in TOTAL T4 Pregnancy (µg/dL) First Trimester 6.6 - 12.4 2nd Trimester 6.6 - 15.5 3rd Trimester 6.6 - 15.5 Below mentioned are the guidelines for ar	e significantly elevated, while in secondary a regnancy related reference ranges for Total TSH3G TOTAL T3 (µIU/mL) (ng/dL) 0.1 - 2.5 81 - 190 0.2 - 3.0 100 - 260 0.3 - 3.0 100 - 260 ge related reference ranges for T3 and T4. r4 (dL) 3.2 - 19.9		are low.	
documented in the pediatric population in	normal euthyroid subjects are known to be h cluding the infant age group. nges are appearing on the report under biolo		ibution towards	higher TSH values. This is wel
Reference: 1. Burtis C.A., Ashwood E. R. Bruns D.E.	Teitz textbook of Clinical Chemistry and Mole	ecular Diagnostics, 4th Edition.		

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Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular 2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
 Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST GLUCOSE, FASTING, PLASMA-ADA 2012 guidelines for adults as follows: Pre-diabetics: 100 - 125 mg/dL Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)





DDRC SRL Diagnostic Services	Patient Ref. No. 666000002450925
CLIENT CODE: CA00010147 CLIENT'S NAME AND ADDRESS :	DDRC SRL DIAGNOSTIC
MEDIWHEEL ARCOFEMI HEALTHCARE LIMIT F701A, LADO SARAI, NEW DELHI, SOUTH DELHI, DELHI, SOUTH DELHI 110030	ED GANDHI NAGAR, KTM KERALA, INDIA Tel : 93334 93334 Email : customorcaro de

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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

PRI I

JOSNA KURIAN LAB TECHNICIAN

VINITHA VIJAYAN LAB TECHNICIAN

DIVYA B LAB TECHNICIAN







MEDICAL EXAMINATION REPORT (MER)

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.

- Sulekha. D.k Mr./Mrs./Ms. 1. Name of the examinee (Mole/Scar/any other (specify location)): 2. Mark of Identification F/M Gender: 54-14/05/1968 3. Age/Date of Birth (Passport/Election Card/PAN Card/Driving Licence/Company ID)
- 4. Photo ID Checked

PHYSICAL DETAILS:

a. Height	b. Weight		c. Girth of A	bdomen
d. Pulse Rate	e. Blood Pressure: 140 90		Systolic Diastolic	
111		1" Reading	and the second	www.no.en.en.en.en.en.en.en.en.en.en.en.en.en.
	second revenues and	2 nd Reading	and the second	Parat of Source in the second

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause	
Father			Deceased, 72th age - Heard	All
Mother	86	0k		-
Brother(s)	56	ok		-
Sister(s)		Cancer Anthesek	FISHING AND STOLEN & AREAL AND LIST AL	1

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

Tobacco in any form	Sedative	Alcohol
	No	No

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. YN
- b. Have you undergone/been advised any surgical procedute? Y/N

Dr. Austin

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N No
- Any disorders of Respiratory system? No Y/N
- Any Cardiac or Circulatory Disorders? No Y/N
- Enlarged glands or any form of Cancer/Tumour?
- Any Musculoskeletal disorder?

- c. During the last 5 years have you been medically Vo examined, received any advice or treatment or Y/N admitted to any hospital?
- d. Have you lost or gained weight in past 12 months? Y/N Ased
- Y/N No Any disorder of Gastrointestinal System?

Y/N /

Y/N No

- · Unexplained recurrent or persistent fever, and/or weight loss
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N No
 - Are you presently taking medication of any kind? Y/N

DDRC SRL Diagnostics Private Limited

Y/N

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

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

Any disorders of Urinary System?

FOR FEMALE CANDIDATES ONLY

- a. Is there any history of diseases of breast/genital organs? A lo Y/N
- b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other No tests? (If yes attach reports) Y/N
- c. Do you suspect any disease of Uterus, Cervix or Ovaries? x10

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- > Was the examinee co-operative?
- > Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N

Y/N

Y/N

- > Are there any points on which you suggest further information be obtained?
- > Based on your clinical impression, please provide your suggestions and recommendations below;

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

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.

: Dr. AUSTIN

F-IT

Name & Signature of the Medical Examiner

Seal of Medical Examiner

Name & Seal of DDRC SRL Branch

Dr. Austin Varghees MBBS TCMC Reg. No:770



VARGHEG



Date & Time



Y/N

Y/N

DDRC SRL Diagnostics Private Limited

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- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N
- d. Do you have any history of miscarriage/ Ato 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 10



X - RAY CHEST - REPORT

ACCESSION NO	: 4036VK004954
NAME	: SULEKHA RAMESH
AGE	: 54
SEX	: FEMALE
DATE	: 26.11.20222
COMPANY	: MEDIWHEEL

EXPOSURE

Adequate

POSITIONING

SOFT TISSUES

LUNG FIELDS

HEART SHADOW

CARDIOPHRENIC ANGLE

COSTOPHRENIC ANGLE

HILUM

OPINION

Central

.

:

: Normal

: Nand



Normal, No caudiongaly

no obliteration, Noral

: No ymphadengrathy, Normal

: Nomel chust xRay

Dr. Austin Varghees MBBS TCMC Reg. No:77017

CIN : U85190MH2006PTC161480 (Refer to *CONDITIONS OF REPORTING* overleaf)





OPHTHALMOLOGY REPORT

ACCESSION NO:4036VK004954

This is to certify that I have examined

Acuity of Vision

For Far

For Near

R. 6/36

with Specs RI > 6/L

With Specs RA > 6/6

Colour Vision

NORMAL

DATE: 26/11/2022





CIN : U85190MH2006PTC161480 (Refer to "CONDITIONS OF REPORTING" overleaf)



ECG REPORT

	ACCESSION NO	: 4036VK004954
	NAME	: SULEKHA RAMESH
	AGE	: 54
	SEX	FEMALE
	DATE	: 26.11.20222
	COMPANY	: MEDIWHEEL
RATE	: 90 bpm	
RHYTHM	: Normel simu	Mythin
P. WAVE	: Normel	
P-R INTERVAL	: 140000	
Q,R,S,T. WAVES	: Normal	
AXIS	: Normal	INGNO
ARRHYTHMIAS	: N1)	GANDHENAGAR CO KOTTAYAM
QT INTERVAL	: 357 mi	
OTHERS	: Nij	
OPINION	: Norrel BCh	Justin