

# இந்திய அரசாங்கம்

# Government of India

சந்திரக்லா பாபுராஜசேகர் Chandirakala Bahara

Chandirakala Baburajasekar

Father: RENUGA

ிறந்த நான்DOB: 20/10/1972

Quidenumo / Female

4777 7327 3408



ஆதார் - சாதாரண மனிதனின் அதிகாரம்



# Sign-up & Health Assessment Form

****	WICDACL				
2 8	MANAGEMENT PROGRAMMENT OF THE PR	To be filled by Customer	The state of the s	The state of the s	
me: Mr/N	AS/Mrs CHAMDR	AKACALLILI			
nder:	O Male O Female Age:	Solyears DOB: / / /			
obile:	9543214	F 4 P Pincode:	"And		
nail:	Gab Uration	3 8 ekaran egme	J. 3	Com	
**************************************	en per un constituto del proprieta de la composito de la constituta de la constituta de la constituta de la co La constituta de la const	To be filled by Co	ustomer	**************************************	annament of the second
		Medical Hist			
	~	Have you been previously diagnosed with?			***************************************
	Bar code	Diabetes (Sugar)	O Yes	O No	
	,	Hypertension (BP)	O Yes	O No.	
r		Cardiovascular Disease (Heart)	O Yes	ONG	
		Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)	O Yes	O No	
***************************************	Vitals	Neurological Problems (Nerve)	O Yes	Q/No	
To	be filled by Technician	Are you currently taking medications for?			
Height:	1 5 2 . cms	Diabetes (Sugar)	O Yes	O No	
Waist:	in in	Hypertension (BP)	O Yes	O No	
waist.	in.	Cardiovascular Disease (Heart)	O Yes	O No	
Hip:	3 <i>&amp;</i> . in.	Liver Disease	O Yes	O No	
Weight:	62.9 kg	Cancer	O Yes	O No	
TT CIBITE		Tuberculosis (TB)	O Yes	O No	
Fat:	22.8%	Family Histo Is there a history of below diseases in your family?	ry		,
Visc. Fat:	10.5%	Diabetes (Sugar)	OYes	QA6	***************************************
RM:	1 2 5 3 cal	Hypertension (BP)	O Yes	O No	
	Secretaria de la constitución de	Cardiovascular Disease (Heart)	O Yes	O No	
BMI:	$2 \neq 2 \text{ kg/m}^2$	Cancer	O Yes	О по	
Body Age:	:63 years	Lifestyle			
	1   C mmHg	Do you exercise regularly?	Q Yes	O No	
Sys. BP:	- L L J minng	Do you consume alcohol more than 2 times a week?	O Yes	O No	
Dia. BP:	76 mmHg	Do you smoke/chew tobacco?	O Yes	Ø No	
**************************************	e C	Are you vegetarian?	O-Yes	O No	engaz zenakenen.
	8 3	General  Do you see a doctor at least once in 6 months?	10 Yes	O No	AND THE SEC
		Do you undergo a health checkup every year?	O Yes	O No	
		How would you rate your overall Health?	0 0	0 0	
		Excellen	t Good Normal	_	***************************************
		Women's Hea	***************************************		
		Is there a family history of Breast Cancer?  Is there a family history of Endometrial (Uterus) Cancer?	O Yes	0 No	F
-		Is there a family history of Ovarian Cancer?	O Yes	• • • • • • • • • • • • • • • • • • •	
			O Yes	0 No	
		Do you have irregular periods?	O Yes	O No	
	,	Do you have heavy bleeding during periods?	O Yes	0 No	
		Do you have scanty periods?	O Yes	0 No	
		Have you attained Menopause?	O Yes	0 No	
		Do you have children?	O Yes	0 No	
	*	Was it a normal delivery?	O-Yes ·	O No	
		* Lug you have dianeter/hypertoneign during delivery?	[ ] V	[ ] A'1 -	

Customer Name	Chandrakala	Customer ID	110764711
Age & Gender	5042/F.	Visit Date	27:-11-21

# **Eye Screening**

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

		- 10	45 A 46		
	Right Eye	Left Eye			a a
Near Vision	N12	NIZ			
Distance Vision	CIC	616	40	3.21	0-00
Colour Vision	19/19	19/19	D.S D.	C Axis	D.S D.C Axis
			× 356 to 25	The state of	
		Nea	u Add;	0D;	+1.75 Ds
Observation / Comme	ents:			05;	
- E	10			03,	+1.75Ds

Alo: (BE) WNL (BE) Reading glasses.

CLUMAX DIAGNOSTICS No. 68/150/3, 'Sri Lakshmi Towers', 9th Main, 3rd Block, Jayanagar, BENGALURU-560 011. ... Ph: +91 755017777



Name	CHANDRAKALA	ID	MED110764711
Age & Gender	50Y/F	Visit Date	Nov 27 2021 12:00AM
Ref Doctor	MediWheel		*

# X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression:

Essentially normal study.

DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

CONSULTANT RADIOLOGISTS

DR. PRAJNA SHENOY





Name	MS.CHANDRAKALA	ID	MED110764711
Age & Gender	50Y/FEMALE	Visit Date	27/11/2021
Ref Doctor	MediWheel	***************************************	

# ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.2	1.6
Left Kidney	8.3	1.3

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

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

Endometrial echo is of normal thickness – 7.0mms.

Uterus measures as follows: LS: 7.9cms

AP: 3.0cms

TS: 4.6cms.



32	MS.CHANDRAKALA	ID	MED110764711
€e & Gender	50Y/FEMALE	Visit Date	27/11/2021
Ref Doctor	MediWheel		

:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.4 x 1.2cms.

Left ovary: 2.2 x 1.5cms.

POD & adnexa are free.

No evidence of ascites.

Impression: No sonological abnormality detected.

CONSULTANT RADIOLOGISTS:

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P Ms/pu

DR. H. K. ANAND





Name	MS.CHANDRAKALA	ID	MED110764711
Age & Gender	50Y/FEMALE	Visit Date	27/11/2021
Ref Doctor	MediWheel	, , , , , , , , , , , , , , , , , , , ,	

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

# **BILATERAL MAMMOGRAPHY**

Breast composition category III -The breasts are heterogeneously dense fibroglandular tissue, which may obscure small masses.

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: Negative Mammogram.

ASSESSMENT: BI-RADS CATEGORY -1

**BI-RADS CLASSIFICATION** 

**CATEGORY RESULT** 

Negative. Routine mammogram in 1 year recommended.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA, A

DR. HIMA BINDU.P Ps/so

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Ref. Dr : MediWheel

Investigation  HAEMATOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.4	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.44	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	89.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.05	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.3	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.9	%	01 - 06



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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.4	%	02 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.00	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.03	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.41	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	404	10^3 / μl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	6.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	40	mm /1st hr	0 - 30



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Type : OP

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Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	Biological Reference Interval
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	3.7	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.3	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.1		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	27	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	29	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	85	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase)	13	U/L	< 38



(Serum/SZASZ standarised IFCC)

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	249	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	171	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	58	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	156.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	34.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	191.0	mg/dL	Optimal: <130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

**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.



DR SHAMIM JAVED MD PATHOLOGY KMG 88902

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The results pertain to sample tested.

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: Ms. CHANDRAKALA Name

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i> )	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Estimated Average Glucose 131.24 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 HbAlC 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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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
-	<u>Value</u>		Reference Interval

## **IMMUNOASSAY**

### THYROID PROFILE / TFT

0.91 T3 (Triiodothyronine) - Total ng/mL 0.7 - 2.04

(Serum/CMIA)

### 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 4.2 - 12.08.66 μg/dL

(Serum/CMIA)

### 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.

0.62 0.35 - 5.50TSH (Thyroid Stimulating Hormone) μIU/mL

(Serum/Chemiluminescent Microparticle

Immunoassay(CMIA))

### 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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Investigation  CLINICAL PATHOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
PHYSICAL EXAMINATION			
Colour (Urine)	Pale yellow		
Volume (Urine)	15	mL	
Appearance (Urine)	Clear		Clear
<u>CHEMICAL EXAMINATION(Automated-Urineanalyser)</u>			
pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Protein (Urine)	Negative	mg/dL	Negative
Glucose (Urine)	Negative	mg/dL	Negative
Ketones (Urine)	Negative	mg/dL	Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin	Negative	mg/dL	Negative

Negative



(Urine/AUTOMATED URINANALYSER)

(Urine/AUTOMATED URINANALYSER)

Blood

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Negative

Ery/uL

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2	mg/dL	0.2 - 1.0
MICROSCOPY(URINE DEPOSITS)			
Pus Cells (Urine/Flow cytometry)	0-2	/hpf	3-5
Epithelial Cells (Urine)	2-4	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil



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<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	18		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	114	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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

Glucose Fasting - Urine	Negative		Negative
(Urine - F)			
Glucose Postprandial (PPBS)	164	mg/dL	70 - 140
$(Dl_{acmo} DD/COD DOD)$			

(Plasma - PP/GOD - POD)

### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN)	11	mg/dL	7.0 - 21
(Serum/ <i>Urease-GLDH</i> )			
Creatinine	0.6	mg/dL	0.6 - 1.1
(Serum/Iaffe Kinetic)			

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid 4.4 mg/dL 2.6 - 6.0

(Serum/Uricase/Peroxidase)



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

# **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING 'A' 'Positive'

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



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-- End of Report --

Name : Ms. CHANDRAKALA Register On : 27/11/2021 9:26 AM

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Ref. Dr : MediWheel OP / IP : OP

### Pap Smear

PID No.

SID No.

Nature of Specimen: Cervical smear.

: 921067543

Lab NO: GC-932/21

Specimen type: Liquid based preparation.

Specimen adequacy: Satisfactory for evaluation.

Endocervical / Transformation zone cells: Present.

General categorization: Benign cellular changes.

**DESCRIPTION**: Smear shows predominantly parabasal cells, intermediate cells, occasinal superficial cells and squamous meteplastic cells in a background of sheets of neutrophils.

INTERPRETATION: Negative for intraepithelial lesion or malignancy-Inflammatory cervical smear.

Non neoplastic cellular changes : Squamous metaplasia seen.

Reactive cellular changes associated with Inflammation / Atrophy seen

Advised : Follow up smears.

