Mrs. PRIYANKA DEVADIGA

FEMALE / 36 Yrs / AHJN.0000245127 / AHJNAHC47542

MEDIWHEEL FULL BODY HEALTH CHECK UP FEMALE BELOW 40 YEARS

Date: 25/02/2023

HEMOGRAM

Test Name Haemoglobin: (Photometry)	Result 7.9 *	Unit g%	Level	Range 11.5-14.5
RBC COUNT METHOD:	4.7	Million/ul	•	3.8-4.8
(AUTOMATED :IMPEDANCE) Packed cell volume (METHOD:CALCULATED)	26.4 *	%	•	30-46
MCV (calculated)	56.8 *	fl	•	80-100
MCH (Calculated)	16.9 *	pg	•	27-32
MCHC (Calculated)	29.7 *	g/dl	•	32-35
WBC count (METHOD:AUTOMATED :IMPEDANCE) I	6.8	10³/mm³	•	4-11
Neutrophils	65	%	•	40-75
TLC Count	6.8	10³/mm³		
Lymphocytes	26	%	•	20-40
Monocytes	08	%	•	0-10
Eosinophils	01	%	•	1-6
Basophils	00	%	•	0-1
Platelet Count (IMPEDENCE)	431	10³/mm³	•	150-450
ERYTHROCYTE SEDIMENTATION RATE (ESR) (AUTOMATED CAPILLARY PHOTOMETRY)	06	mm/1st hr	•	0-12
RBC:	Shows anisopoikilocytosis wi polychromatophils	th microcytes, r	ormocytes, el	liptocytes and
WBC: (AUTOMATED :IMPEDANCE)	Differentials within normal lim	its.		
PLATELETS:	Adequate			
IMPRESSION	Microcytic anemia.			

URINE ROUTINE (CUE)

Test Name	Result	Unit	Level	Range
	Within Normal Range	Boderline High/Low	Outside	e Range

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40	ml		
Clear			
6.0			
1.005 *		•	0-0
Negative			
Negative			
Nil			
Negative			0-0
Nil	Cells/hpf		0-2
Occasional			
1-2 /h.p.f			
IA (FASTING)			
Result	Unit	Level	Range
86	mg/dL		74-100
IA (POST PRANDIAL)			
Result	Unit	Level	Range
75	mg/dL	•	0-140
Result	Unit	Level	Range
10 *	mg/dL	•	15-45
	Clear 6.0 1.005 * Negative Negative Nil Negative Negative Negative Negative Negative Negative Nil Occasional 1-2 /h.p.f IA (FASTING) Result 86 IA (POST PRANDIAL) Result 75	Clear 6.0 1.005 * Negative Negative Nil Negative Negative Negative Negative Negative Noccasional 1-2 /h.p.f MA (FASTING) Result 86 MA (POST PRANDIAL) Result 75 MA (POST PRANDIAL) Result Unit mg/dL Result Unit	Clear 6.0 1.005 * Negative Nad (FASTING) Result 86 MA (POST PRANDIAL) Result 75 Result Unit Level mg/dL Result Level

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BUN (BLOOD UREA NITROGEN)	4.6 *	mg/dL	•	7.0-22.0
(Method:Calculated)				
CREATININE - SERUM / PLASMA	0.45 *	mg/dL		0.51-0.95
(Method:Jaffe kinetic)			_	
URIC ACID - SERUM (Method:	3.4	mg/dL		2.6-6.0
uricase)			_	
SODIUM - SERUM / PLASMA	137.00	mmol/L		135.00-145.00
(Method : ISE Indirect)			_	
POTASSIUM - SERUM / PLASMA	4.7	mmol/L		3.5-5.1
(Method:ISE Indirect)			_	
CHLORIDE - SERUM / PLASMA	103.00	mmol/L		98.00-107.00
(Methos:ISE Indirect)			_	
BICARBONATE (HCO3) - SERUM /	23	mmol/L		22-29
PLASMA (Method:Enzymatic				
PEP-MD)				

LIPID PROFILE TEST (PACKAGE)

Test Name Total Cholesterol	Result 174	Unit mg/dL	Level	Range 0-200
HDL CHOLESTEROL - SERUM / PLASMA (Method : Direct)	66 *	mg/dL	•	40-59
LDL Cholesterol (Direct LDL)	105	mg/dL	•	0-130
Triglycerides - Serum	60	mg/dL	•	0-150
TOTAL CHOLESTEROL/HDL CHOLESTEROL RATIO(Calculated)	2.6		•	0.0-4.5
VLDL CHOLESTEROL - SERUM - CALCULATED	12		•	0-30

LIVER FUNCTION TEST (PACKAGE)

•	•			
Test Name	Result	Unit	Level	Range
BILIRUBIN, TOTAL - SERUM	0.5	mg/dL		0.3-1.2
(Method:DPD)				
BILIRUBIN CONJUGATED	0.1	mg/dL		0.0-0.4
(DIRECT) - SERUM (Method: DPD)				
BILIRUBIN UNCONJUGATED -	0.4	mg/dL		0.0-1.0
SERUM(Calculated)				
PROTEIN, TOTAL - SERUM /	7.3	g/dL		6.6-8.3
PLASMA (Method:Biuret)				
ALBUMIN - SERUM	4.0	g/dL		3.5-5.2
(Method:Bromocresol green)				
GLOBULIN - SERUM:(Calculated)	3.3	g/dL		2.0-4.0
ALBUMIN:GLOBULIN (RATIO) -	1.2121			

Boderline High/Low

Outside Range

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Within Normal Range

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CALCULATED			
AST (SGOT) - SERUM	29	U/L	5-35
(Method:IFCC with P-5-P)			
ALT(SGPT) - SERUM / PLASMA	14	U/L	5-35
(Method:IFCC with P-5-P)			
ALKALINE PHOSPHATASE -	62	U/L	
SERUM/PLASMA (Method:IFCC			
withpNPP+AMP)			
GGTP: GAMMA GLUTAMYL	12	U/L	10-38
TRANSPEPTIDASE - SERUM			
(Method:IFCC)			

THYROID PROFILE - II

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE -	90.58	ng/dL		60.00-181.00
SERUM (Method:CLIA)				
TOTAL T4: THYROXINE - SERUM	7.82	μg/dL		5.48-14.28
(Method:CLIA)				
TSH: THYROID STIMULATING	3.14	μIU/mL		0.40-5.50
HORMONE - SERUM				
(Method:CLIA)				

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	5.9	%		4.0-6.0

XRAY CHEST PA

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INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)

Haematology

STOOL ROUTINE

BioChemistry

GLUCOSE - SERUM / PLASMA (RANDOM/CASUAL)

Histopathology

CERVICAL/VAGINAL SMEAR

Blood Bank - 2 Services

BLOOD GROUPING AND TYPING (ABO and Rh)

CARDIOLOGY

ECHO/TMT - OPTIONAL

Ultrasound Radiology

ULTRASOUND - WHOLE ABDOMEN

ECG

ECG

Within Normal Range

Boderline High/Low

Outside Range

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DEPARTMENT OF RADIOLOGY

Patient's Details :	Mrs. PRIY	ANKA DEVADIGA		F	036Y
UHID :	AHJN.0000245127	Ward/Bed No.	:		AHC / AHC
I.P.No./Bill No. :	AHJNAHC47542	Scanned on	:		25-Feb-2023 09:50
Accession Number:	10371.223017564	Reported On	:		25-Feb-2023 11:07:17
Referring Doctor :	SELF REFERRAL				

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

- Liver appears normal in size and shape with mild increase in echogenicity. No obvious focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted.
- Gall bladder partially distended. To the extent visualized, no definite calculi identified.
- Spleen appears normal in size, shape and echopattern. No obvious focal parenchymal lesions identified.
- Visualized head and body of pancreas appears normal in size, shape and echopattern. Tail obscured by bowel gas.
- Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis seen on either side.
- Urinary bladder adequately distended. No evidence of abnormal wall thickening noted. No calculi noted within.
- Uterus is anteverted and normal in size. Myometrial echoes appear normal. ET: ~ 7.1 mm.
- Both ovaries appear normal in size and echopattern. A dominant follicle measuring ~1.7 cm noted in left ovary.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

DEPARTMENT OF RADIOLOGY

Patient's Details : Mrs. PRIYANKA DEVADIGA | F | 036Y

UHID : AHJN.0000245127 Ward/Bed No. : AHC / AHC

I.P.No./Bill No. : AHJNAHC47542 Scanned on : 25-Feb-2023 09:50

Accession Number: 10371.223017564 **Reported On** : 25-Feb-2023 11:07:17

Referring Doctor: SELF REFERRAL



DR. SAHANA N GOWDA, MBBS, MDRD REGISTRAR, RADIODIAGNOSIS

---END OF THE REPORT---

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DEPARTMENT OF RADIOLOGY

Patient's Details :	Mrs. PRIYANKA	A DEVADIGA		F	036Y
UHID :	AHJN.0000245127	Ward/Bed No.	:		AHC / AHC
I.P.No./Bill No. :	AHJNAHC47542	Scanned on	:		25-Feb-2023 08:03
Accession Number :	10371.123022487	Reported On	:		25-Feb-2023 9:16:47
Referring Doctor :	SELF REFERRAL				

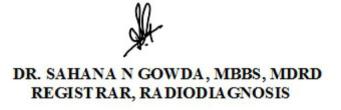
CHEST RADIOGRAPH PA VIEW:

OBSERVATIONS:

Rotational view.

- Both the lungs are clear with normal bronchovascular markings.
- Both hila and costophrenic angles appear normal.
- Cardiac silhouette appears normal.
- Both the diaphragmatic domes appear normal.
- Bony thoracic cage appear normal.

IMPRESSION: NO SIGNIFICANT RADIOGRAPHIC ABNORMALITY.



---END OF THE REPORT---

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