

Medical Summary

Name: Mrs. Anuratha Kohari
 Date of Birth: 17/2/1991
 Customer ID:
 Ref Doctor: Mediwheel
 Sex: Female
 Date: 11/3/23

Present Complaints: Nil

Past Illness:

Major medical illness: -
 Surgery: LSCS - 2018

Accident: Nil
 Others:

Personal history:

Smoking: Nil
 Tobacco: Nil
 Alcohol: Nil
 Menstrual history: Menstr, a few
 Obstetric history: P1L1

Diet: nil
 Exercise: regular
 Personality: A
 Marital status: married
 Children: 1

Family history:

Tuberculosis: -
 Diabetes: Father
 Asthma: -
 Drug history: -
 Allergy: -

Hypertension: Father
 Heart Disease: -
 Others: -
 Present Medications: -

General Examination:

Height:
 Conjunctiva: nil
 Oedema: -
 Tongue: nil
 Throat: nil

Weight:
 Lymphnodes: not palpable
 Nails: @
 Others: -
 Skin: @

BP:
 Eyes: @
 Genitals: -

Eye Screening:

Vision	R/E	L/E
Distant Vision	6/6	6/6
Near Vision	M6	M6
Colour Vision	@	@

Systemic Examination:

Cardiovascular system: S₁, S₂ (++) , no murmur
Peripheral Pulsations: @, B.N.M.
Heart: S₁, S₂ (++)
Respiratory System: 3Lk Mrs Heart

Gastrointestinal System: soft, non-tend

Higher Function: J_e
Cranial Nerves: J_e
Motor System: J_e

Sensory system: J_e
Superficial Reflexes: J_e
Deep Reflexes: J_e

Rectal Examination: -

Others: -

Impression:

prediabetic (HBA_{1c} - 6.1)

Diet:

To consume dates, pines & pomegranate regularly in the diet.

To reduce sugar intake.

Medication:

-

Advice & Follow up:

Regular walking daily for 45 mins.
To drink 3 Liters of water daily.

Dr. MITHUN SANKARANARAYAN
Consultant General Physician
163428



Name : Mrs. AMRUTHA LAHANI
 PID No. : MED121726882
 SID No. : 80059144
 Age / Sex : 32 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

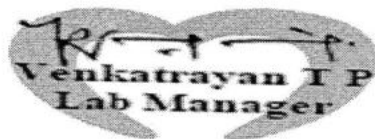
'O' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	11.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	34.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.36	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	78.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	26.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.06	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	59.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	24.0	%	20 - 45



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 DR. SUNDAR ELAYAPERUMAL MD, CIC
 CONSULTANT MICROBIOLOGIST
 REG NO. 41854

APPROVED BY

The results pertain to sample tested.

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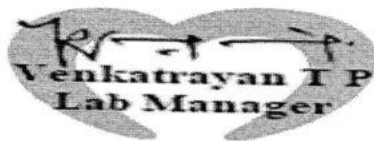
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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	2.3	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	13.1	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood Impedance Variation & Flow Cytometry)	3.59	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	1.44	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.14	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.79	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	282	10 ³ / μ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.4	fL	8.0 - 13.3
PCT (EDTA Blood Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	64	mm/hr	< 20



Venkatrayan I P
Lab Manager

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BUN / Creatinine Ratio	7.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	81.3	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) (Urine - F/GOD - POD)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	90.4 mg/dL	70 - 140
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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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	5.6 mg/dL	7.0 - 21
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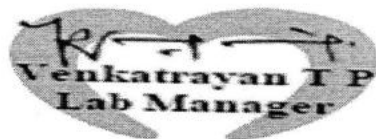
Creatinine (Serum/Modified Jaffe)	0.77 mg/dL	0.6 - 1.1
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.9 mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.32 mg/dL	0.1 - 1.2
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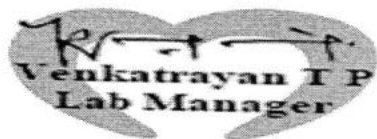
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	24.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	70.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.41	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.24	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.17	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.34		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	166.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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Investigation

Observed Value Unit

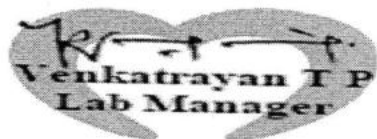
Biological Reference Interval

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/Immuno-inhibition)	48.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	102.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	118.5	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.5		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
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Investigation	Observed Value	Unit	Biological Reference Interval
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.1	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose (Whole Blood)	128.37	mg/dL
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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 HbA1c.

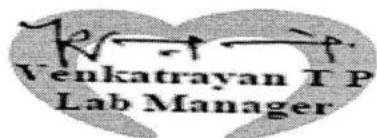
THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.01	ng/ml	0.7 - 2.04
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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.



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T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.11	µg/dl	4.2 - 12.0

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) (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.40	µIU/mL	0.35 - 5.50
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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 :

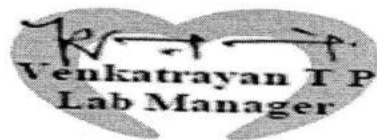
1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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 ≤ 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

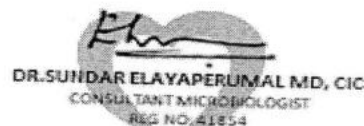
Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Pus Cells (Urine/Automated - Flow cytometry)	6 - 8 /hpf	NIL



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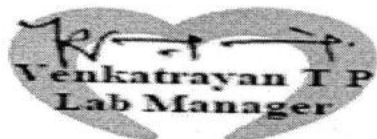
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Epithelial Cells (Urine/Automated – Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



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-- End of Report --

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Age & Gender	32Y/F	Visit Date	Mar 11 2023 8:43AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal.

The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

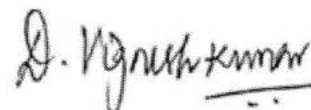
Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**



Dr. D. Vignesh Kumar MBBS, DNB(RD)
Consultant Radiologist

VITALS REPORTS



MED12172688 210.211-03-2301:37 PM



80059144
MRS AMRITHA LAHANT 32/Y

Visit ID	Patient ID	Visit Date

PARAMETERS	MEASUREMENTS
Height (Cms)	154
Weight (Kgs)	70.3
BMI	29.6
Systolic (mm/Hg)	128
Diastolic (mm/Hg)	82
Spo2 <i>A pulse rate</i>	100/68
Waist (Inches)	31
Hip (Inches)	42
Fat (%)	39.1
Visceral Fat (%)	11.0
Body age (Yrs)	52
RM	1383



Medall Seal & Signature

Amritha

Customer Signature

Name	MRS.AMRUTHA LAHANI	ID	MED121726882
Age & Gender	32Y/FEMALE	Visit Date	11/03/2023
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ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 10.5 x 4.0 cm.

Left kidney measures 10.1 x 5.0 cm.

Ureters are not dilated.

No abnormality is seen in the region of the **adrenal glands**.

No para aortic lymphadenopathy is seen.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Uterus is anteverted, and measures 7.5 x 3.9 x 3.6 cm.

Endometrial thickness is 3.5 mm.

Right ovary measures 2.9 x 1.6 cm.

Left ovary measures 3.0 x 1.6 cm.

No significant mass or cyst is seen in the ovaries.



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Age & Gender	32Y/FEMALE	Visit Date	11/03/2023
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Parametria are free.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

IMPRESSION:

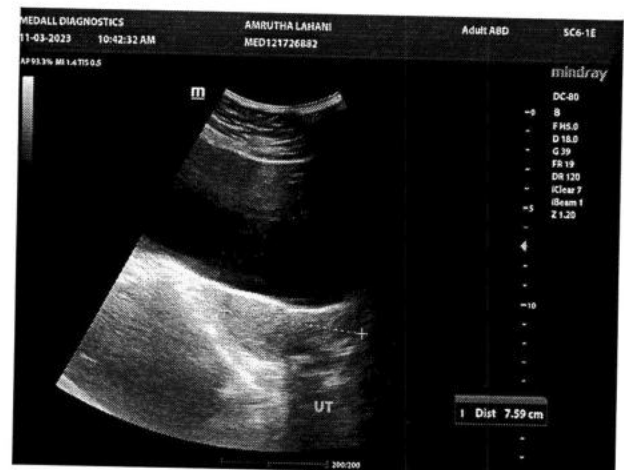
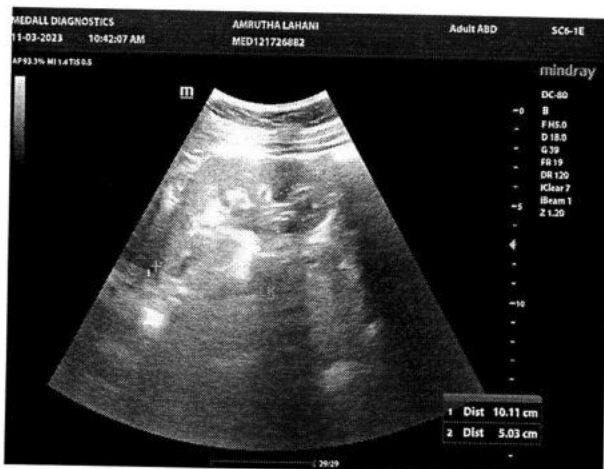
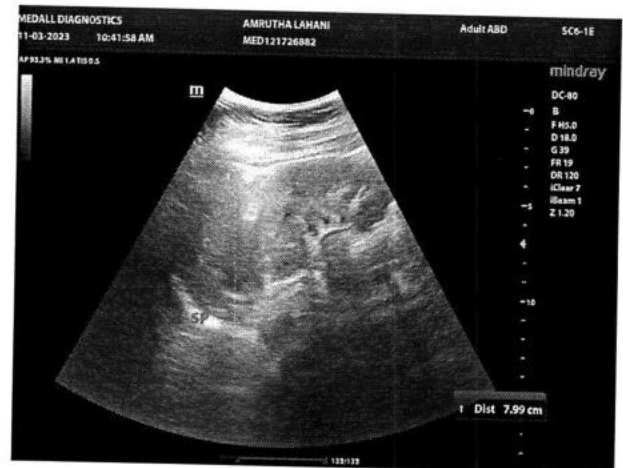
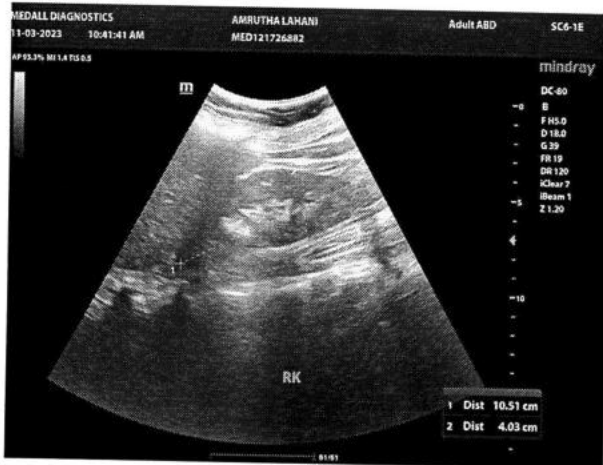
➤ **Normal study.**



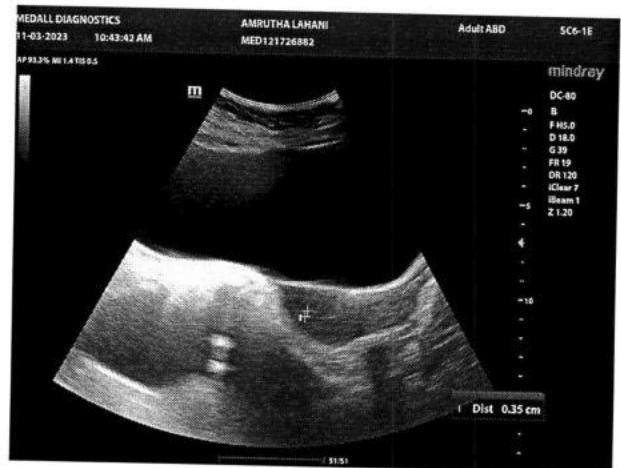
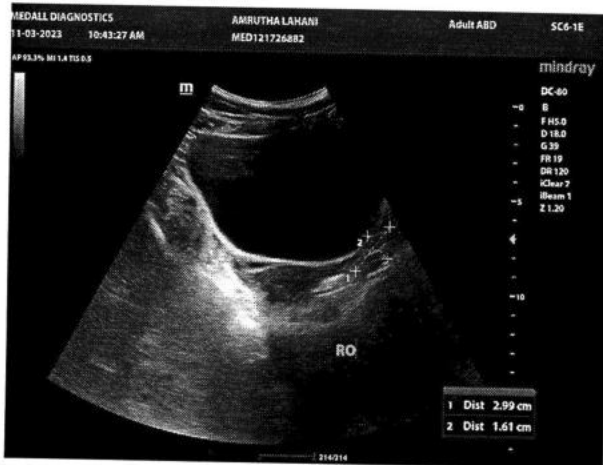
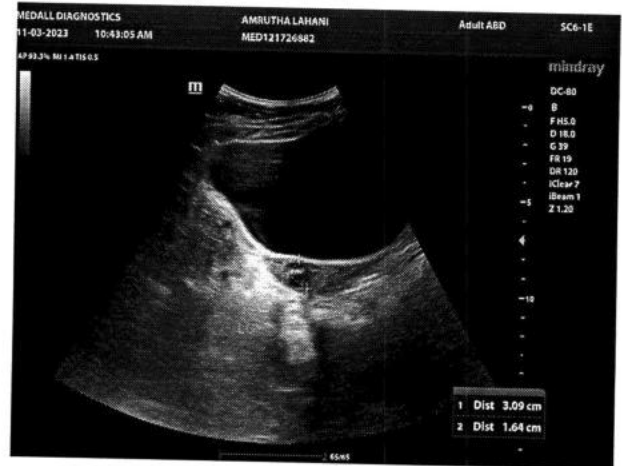
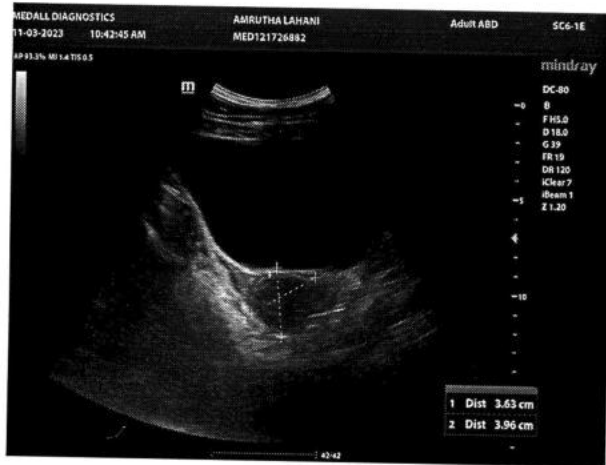
**Dr. SUMITHA
SONOLOGIST**



Name	MRS.AMRUTHA LAHANI	ID	MED121726882
Age & Gender	32Y/FEMALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		



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Age & Gender	32Y/FEMALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Sclerosis
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.4 cm(1.5cm/3.5cm)		IVS (ed) - 0.8 cm	(0.6cm/1.2cm)
LA (ed)- 2.1cm(1.5cm/3.5cm)		LVPW(ed) - 0.8 cm	(0.6cm/1.1cm)
RVID(ed)- 2.3cm(0.9cm/2.8cm)		EF 68 %	(62 %-85 %)
LVID (ed)- 2.8 cm(2.6cm/5.5cm)		FS 36%	
LVID (es)- 1.8cm			



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Age & Gender	32Y/FEMALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		

DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

Mitral inflow:

E:- 0.7 m/s / A:- 0.9 m/s

Tricuspid Valve

E:- 0.5 m/s / A:- 0.4 m/s

Velocity across the Aortic Valve : 1.5 m/s

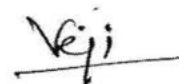
Velocity across the Pulmon. Valve : 0.8 m/s

PERICARDIUM:

- Normal.

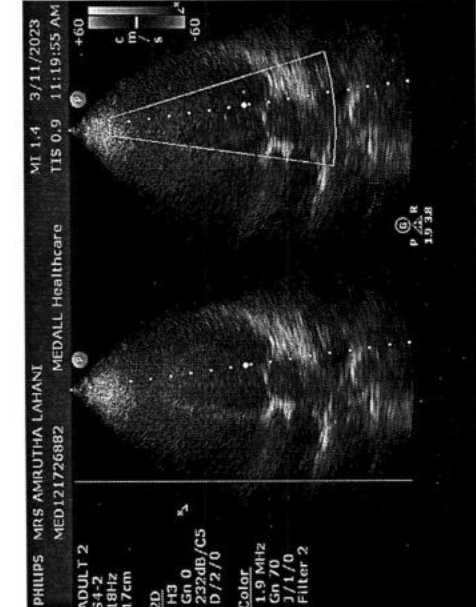
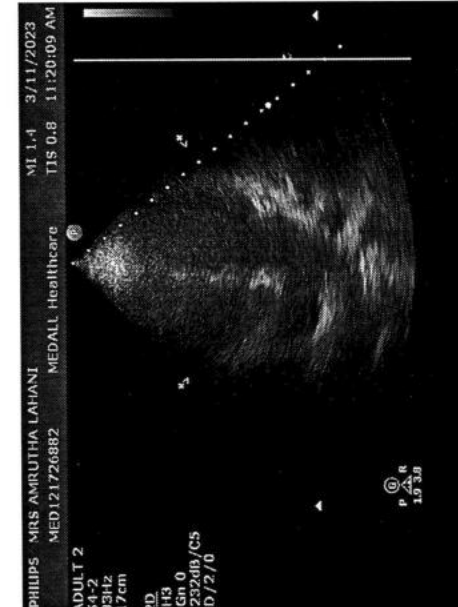
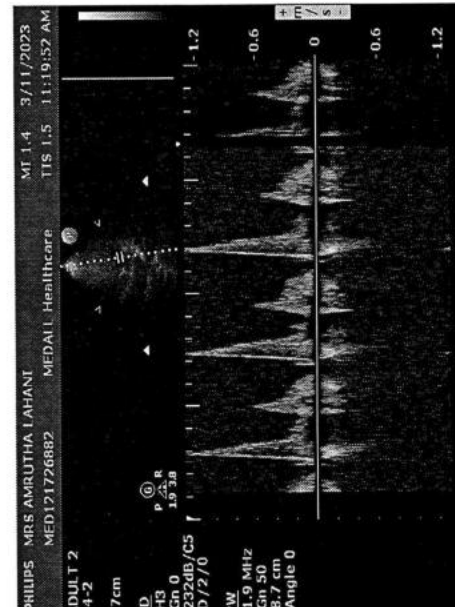
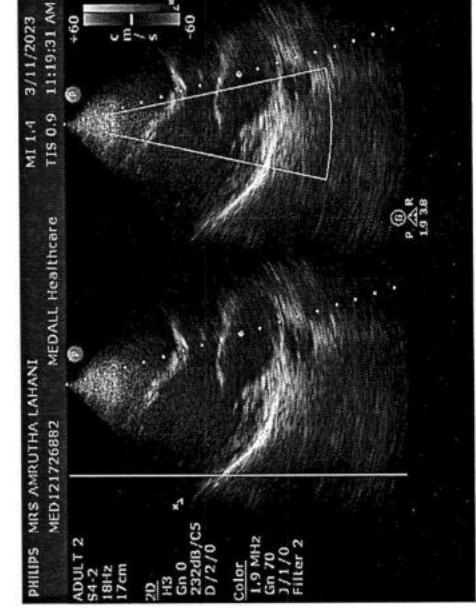
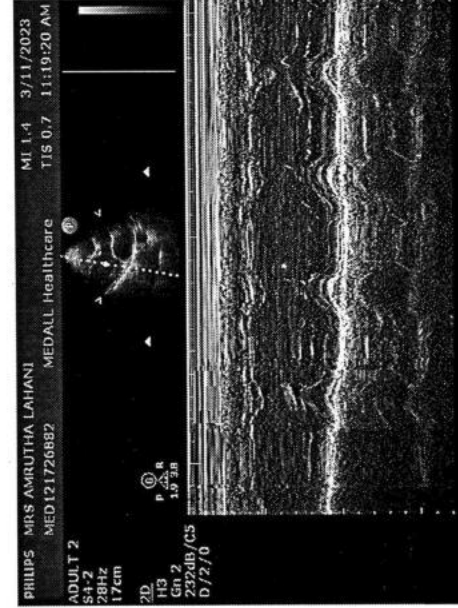
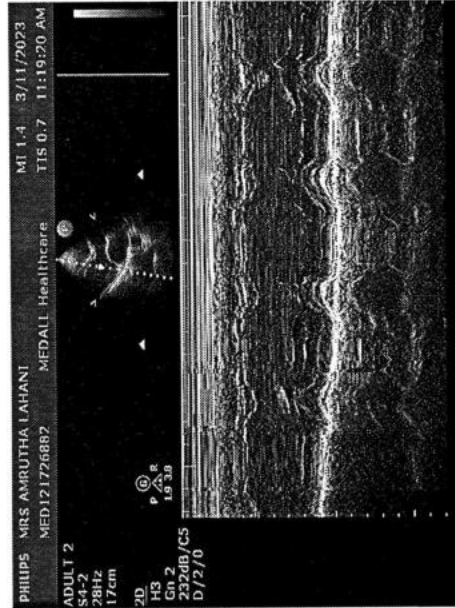
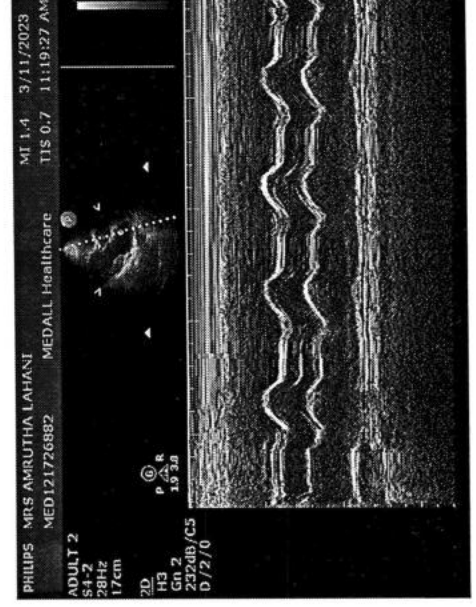
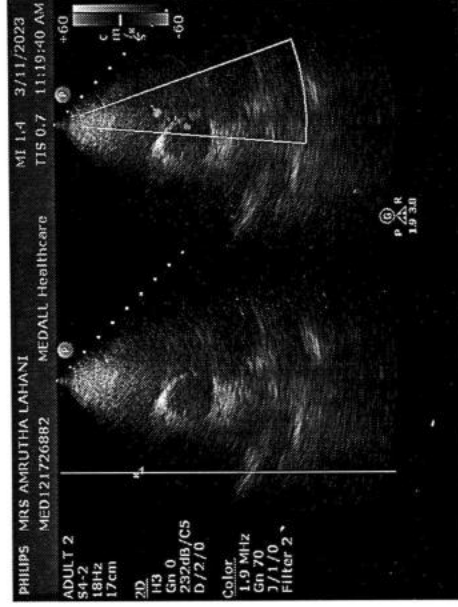
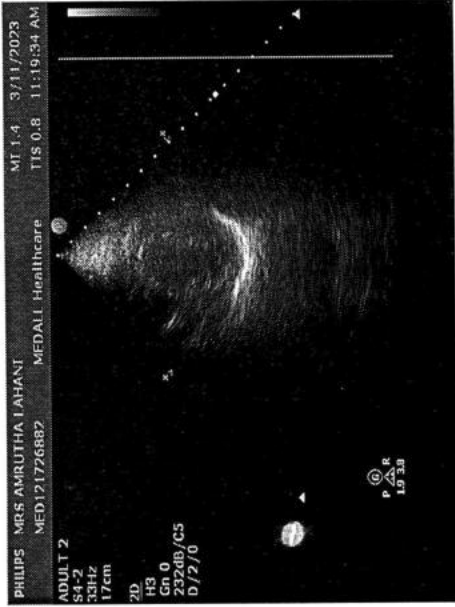
FINAL IMPRESSION:

- *Normal LV/ RV size and systolic function. (EF : 68%)*
- *No regional wall motion abnormality.*
- *Normal colour flow studies.*



**P. VIJAYA LAKSHMI
ECHO TECHNICIAN**



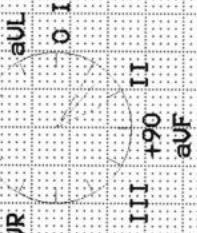


ement Results:

B : 380 / 82 ms
 : 385 ms
 : 142 ms
 : 104 ms
 : 948 / 64 / 42 / 32 degrees

< P
 < T
 < QRS

Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG



Unconfirmed report.

