PID No.
 : MED111492224
 Register On
 : 11/02/2023 9:41 AM

 SID No.
 : 423007832
 Collection On
 : 11/02/2023 11:08 AM

 Age / Sex
 : 32 Year(s) / Female
 Report On
 : 11/02/2023 6:38 PM

 Type
 : OP
 Printed On
 : 11/02/2023 7:12 PM

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)	12.52	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.0	%	37 - 47
RBC Count (EDTA Blood)	4.62	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.5	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.79	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6590	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	50.85	%	40 - 75
Lymphocytes (EDTA Blood)	41.28	%	20 - 45
Eosinophils (EDTA Blood)	2.52	%	01 - 06
Monocytes (EDTA Blood)	5.13	%	01 - 10



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils	0.23	%	00 - 02
(Blood)			
INTERPRETATION: Tests done on Automated Five F	Part cell counter. All a	abnormal results are	e reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.35	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.72	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.17	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.34	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood)	152.0	10^3 / μ1	150 - 450
MPV (EDTA Blood)	13.61	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	2	mm/hr	< 20



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.28	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	42.61	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	56.79	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26.93	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	125.5	U/L	42 - 98
Total Protein (Serum/Biuret)	7.00	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.42	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.58	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.71		1.1 - 2.2



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	151.60	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	120.69	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.

r · · · · · · · · · · · · · · · · · · ·			
HDL Cholesterol (Serum/Immunoinhibition)	43.80	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	83.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	107.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220





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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

3.5

Optimal: < 3.3

(Serum/Calculated)

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 2.8 Optimal: < 2.5

(TG/HDL) Mild to moderate risk: 2.5 - 5.0

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio 1.9 Optimal: 0.5 - 3.0

(Serum/Calculated)
Borderline: 3.1 - 6.0
High Risk: > 6.0



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.5	%	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 111.15 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 HbA1c.



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

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour Yellow Yellow Yellow to Amber

(Urine)

Appearance Clear Clear

(Urine)

Volume(CLU) 35

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pH 5.0 4.5 - 8.0

(Urine)

Specific Gravity 1.017 1.002 - 1.035

(Urine)

Ketone Negative Negative

(Urine)

Urobilinogen Normal Normal

(Urine)

Blood Negative Negative

(Urine)

Nitrite Negative Negative

(Urine)

Bilirubin Negative Negative

(Urine)

Protein Negative Negative

(Urine)



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InvestigationObservedUnitBiologicalValueReference Interval

Glucose Negative Negative

(Urine/GOD - POD)

Leukocytes(CP) Negative

(Urine)

MICROSCOPIC EXAMINATION (URINE COMPLETE)

(CRITTLE COMIT LET L)

Pus Cells 0-1 /hpf NIL

(Urine)

Epithelial Cells 1-3 /hpf NIL

(Urine)

RBCs NIL /HPF NIL

(Urine)

Others

(Urine)

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

Casts NIL /hpf NIL

(Urine)

Crystals NIL /hpf NIL

(Urine)

Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674

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InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'B' 'Positive'

(EDTA Blood/Agglutination)

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

APPROVED BY

The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	11.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	81.24	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	122.34	mg/dL	70 - 140

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)	6.8	mg/dL	7.0 - 21
(Serum/ <i>Urease UV / derived</i>)			
Creatinine	0.60	mg/dL	0.6 - 1.1
(Serum/Modified Jaffe)			

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 3.76 2.6 - 6.0 mg/dL

(Serum/Enzymatic)

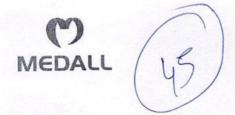




APPROVED BY

-- End of Report --

CLUMAX DIAGNOSTICS



--- A MEDALL COMPANY ---CUSTOMER CHECKLIST

Date 11-Feb-2023 9:39 AM

Customer Name : MS.SAHA SUKANYA

DOB :09 Nov 1990

Age

:32Y/FEMALE

Ref Dr Name : MediWheel

Phone

:9832289640

Corp Name

: MediWheel

Address

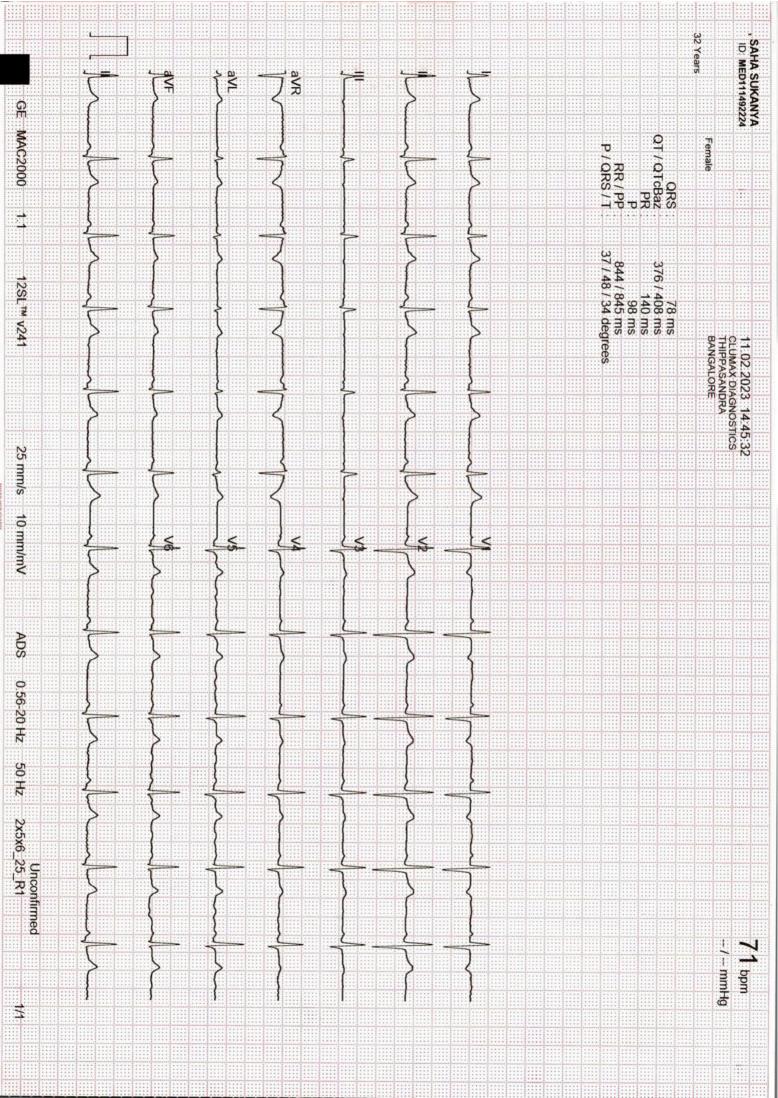
Email Id

Package Name: Mediwheel Full Body Health Checkup Female Below 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	CREATININE		. 1859		
3	LAB	GLUCOSE - FASTING				
.4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5.	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE	A PART A			
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				
15	LAB	BUN/CREATININE RATIO				

	3000				
16	LAB	BLOOD GROUP & RH TYPE			
		(Forward Reverse)			
17	ECG	ECG	IND13683761138		
18	OTHERS	Treadmill / 2D Echo	IND136837614690	1	
19	OTHERS	physical examination	IND136837615279		
20	us	ULTRASOUND ABDOMEN	IND136837615292		
21	OTHERS	EYE CHECKUP	IND136837617756		
22	X-RAY	X RAY CHEST	IND136837618659		do
23	OTHERS	Consultation Physician	IND136837618736		

Registerd By (HARI.O)



Mob:8618385220

9901569756



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		SP	ECTA	CLE PR	RESCR	IPTIO	V	
Name	: <	Paha S	retran	4a ^		No.	2356	
Mobil No:				No. 2356 Date: 11/2/262				
Age /	Gende	er 325	s /F.			Ref. No		
	RIGHT EYE			LEFT EYE				
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE		25.0	68	616	030	0.25	113	6/6
NEAR								
D S dvice to us DIS	se glasses TANCE	for:	& NEAR	☐ REAI	DING [] сомрі	TER PUI	RFOSE
					CDIDA	ARVAT	LII OF	TICC

Name	MS.SAHA SUKANYA	ID	MED111492224
Age & Gender	32Y/FEMALE	Visit Date	11 Feb 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended and shows few calculi measuring about 4-6mm within the lumen.

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 shows 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	10.9	1.1
Left Kidney	10.1	1.2

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

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

Endometrial thickness measures 7mm

Uterus measures as follows: LS: 8.1cms AP: 3.2cms TS: 4.2cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary**: 3.1 x 1.6cms **Left ovary**: 2.8 x 1.9cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

- > FATTY LIVER.
- > CHOLELITHIASIS. NO BILIARY DILATATION.

Name	MS.SAHA SUKANYA	ID	MED111492224
Age & Gender	32Y/FEMALE	Visit Date	11 Feb 2023
Ref Doctor Name	MediWheel		

DR. APARNA CONSULTANT RADIOLOGIST

A/da

Name	SAHA SUKANYA	Customer ID	MED111492224
Age & Gender	32Y/F	Visit Date	Feb 11 2023 9:39AM
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. APARNA

CONSULTANT RADIOLOGIST