Name : **Mrs. KUMARI KHUSHBOO**

PID No. : MED121796777   **Register On** : 08/04/2023 9:04 AM

SID No. : 522305455   **Collection On** : 08/04/2023 10:30 AM

Age / Sex : 35 Year(s) / Female   **Report On** : 08/04/2023 7:37 PM

Type : OP   **Printed On** : 10/04/2023 10:21 AM

Ref. Dr : **MediWheel**

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	**11.0**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	**33.9**	%	37 - 47
RBC Count (EDTA Blood)	**4.18**	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	81.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	**26.2**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV	14.2	%	11.5 - 16.0
RDW-SD	40.41	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5300	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	56.1	%	40 - 75
Lymphocytes (Blood)	29.0	%	20 - 45
Eosinophils (Blood)	**8.4**	%	01 - 06
Monocytes (Blood)	6.0	%	01 - 10

Dr. Arjun C.P
MBBS MD Pathology
Reg No:KMC 89655

APPROVED BY

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Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood)	0.5	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood)	2.97	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.54	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.45	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.32	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood)	224	$10^3 / \mu l$	150 - 450
MPV (Blood)	10.9	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	**22**	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval

BIOCHEMISTRY

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS*)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.27	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC*)	19.15	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC*)	15.95	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	11.43	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	**98.9**	U/L	42 - 98
Total Protein (Serum/*Biuret*)	7.31	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.23	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived*)	3.08	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.37		1.1 - 2.2

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The results pertain to sample tested.   Page 3 of 11

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Type	: OP	**Printed On**	: 10/04/2023 10:21 AM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	138.34	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	64.45	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**43.53**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	81.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/*Calculated*)	12.9	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	94.8	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	3.2		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*)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC*)	5.2	%	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 (Whole Blood)	102.54	mg/dL	

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.

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA)*	1.34	ng/ml	0.7 - 2.04

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 (Tyroxine) - Total (Serum/*ECLIA)*	9.23	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/*ECLIA)*	2.97	µIU/mL	0.35 - 5.50

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.

Dr. Atira Mirza (MD)
Consultant Pathologist
KMC: DLH 2018 0000230 KTK
APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION (URINE COMPLETE)			
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	**Slightly Turbid**		Clear
Volume(CLU) (Urine)	20		
CHEMICAL EXAMINATION (URINE COMPLETE)			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.007		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	**Positive(Traces)**		Negative
Nitrite (Urine)	**Positive(+)**		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/*GOD - POD)*	Negative		Negative

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

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Ref. Dr	: **MediWheel**	

Investigation	Observed Value	Unit	Biological Reference Interval
Leukocytes(CP) (Urine)	Positive(+++)		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**10-15**	/hpf	NIL
Epithelial Cells (Urine)	**10-15**	/hpf	NIL
RBCs (Urine)	**0-3**	/HPF	NIL
Others (Urine)	Bacteria Present		

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

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING   'O' 'Positive'
(EDTA Blood/*Agglutination*)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Dr. Arjun C.P
MBBS, MD Pathology
Reg No: KMC 89655

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Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	8.53		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	83.19	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)*	**65.38**	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.

Urine Glucose(PP-2 hours) (Urine - PP*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	**6.4**	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.75	mg/dL	0.6 - 1.1

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 (Serum/*Enzymatic)*	5.15	mg/dL	2.6 - 6.0

Dr.Arjun C.P
MBBS MD Pathology
Reg No:KMC 89655

APPROVED BY

-- End of Report --

Patient Name	Kumari Kushboo	Date	8/4/23
Age	35 Y	Visit Number	522305455
Sex	Female	Corporate	mediwheel

GENERAL PHYSICAL EXAMINATION

Identification Mark : —

Height : 161   cms

Weight : 73.8   kgs

Pulse : 61 b/m.   /minute

Blood Pressure : 112/61   mm of Hg

BMI : 28.5 kg/m²

BMI INTERPRETATION
Underweight = <18.5
Normal weight = 18.5–24.9
Overweight = 25–29.9

Chest :

Expiration :   cms

Inspiration :   cms

Abdomen Measurement :   cms

Eyes : myopia c̄ B/L pupils   Ears : NAD

Throat : NAD reactive ⊕

Neck nodes : no palbable notender

RS : B/L NVBS ⊕   CVS : S₁S₂ sounds clear

PA : soft c̄ no tender   CNS : NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT   YES / NO

Signature

Dr. RITESH RAJ, MBBS
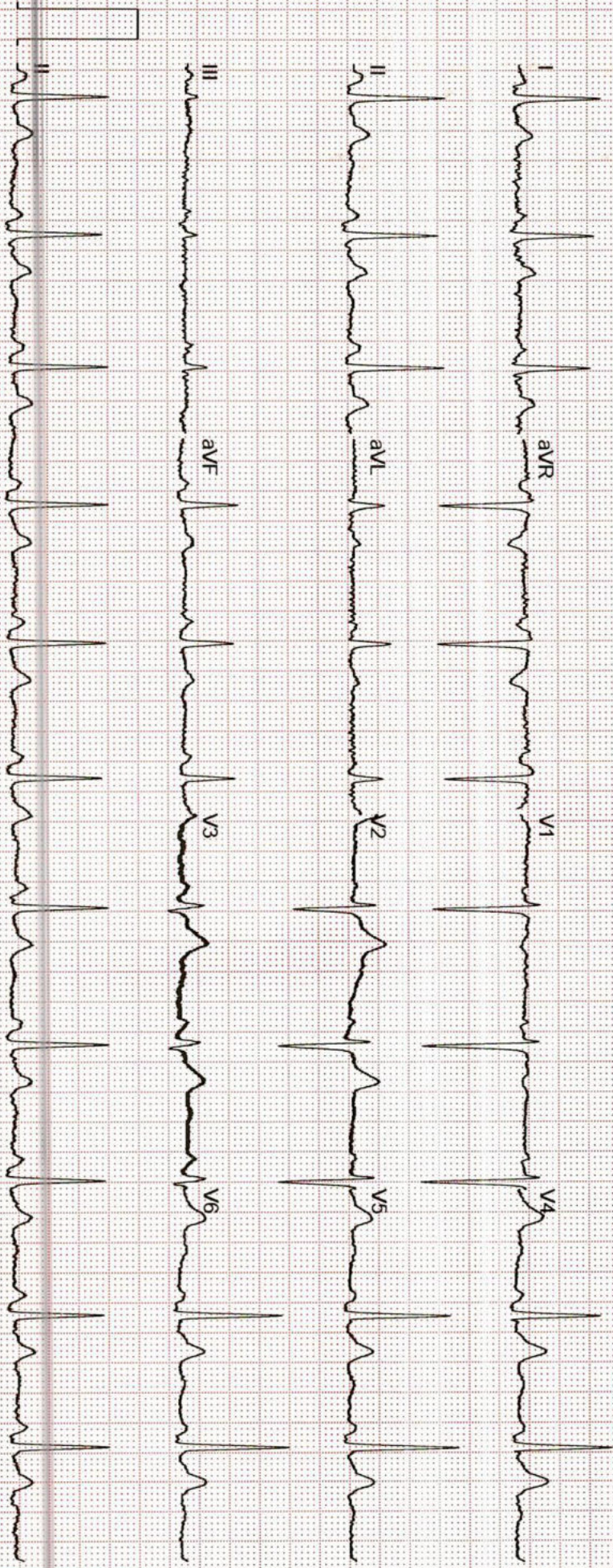**General Physician & Diabetologist**
KMC Reg. No. 85875

MRS KUMARI KHUSHBOO
ID: MED1217967777

35 Years   Female

08.04.2023 10:23:12
CLUMAX DIAGNOSTICS
VYALIKAVAL
BANGALORE

QRS :	64 ms
QT / QTcBaz :	370 / 390 ms
PR :	- ms
P :	- ms
RR / PP :	900 / 895 ms
P / QRS / T :	- / 38 / 31 degrees

Normal sinus rhythm
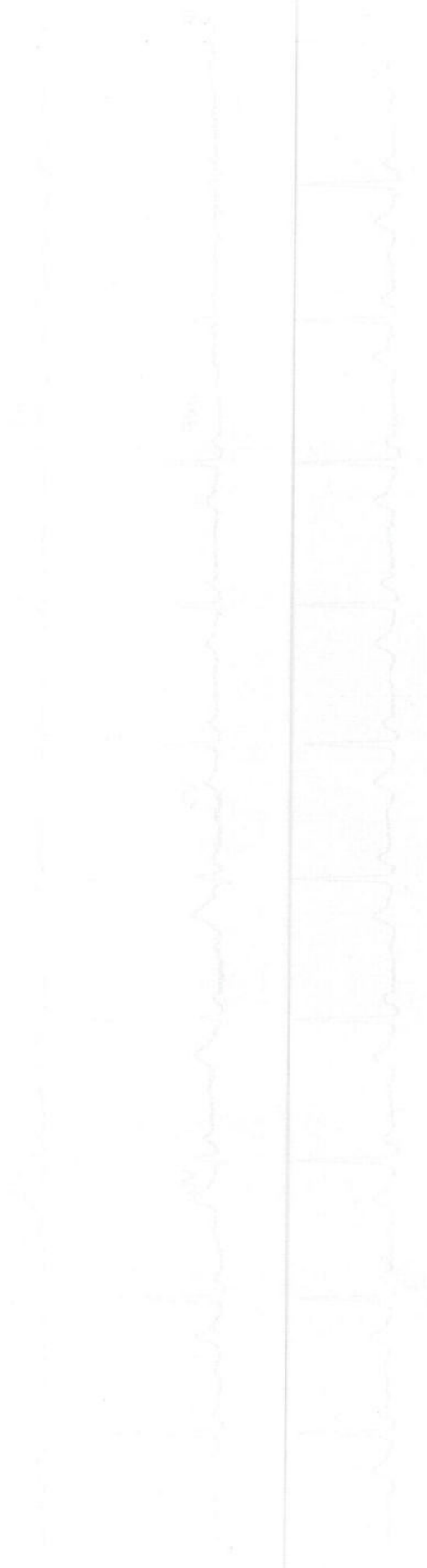Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

67 bpm
-- / -- mmHg

aVR   V1

aVL   V2

aVF   V3

I

II

III

V4

V5

V6

II

Name	MRS.KUMARI KHUSHBOO	ID	MED121796777
Age & Gender	35Y/FEMALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.5 cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.
CBD is not dilated.

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.

BOTH KIDNEYS
Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.
Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.4	1.9
Left Kidney	11.8	2.3

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 - 7.6 mm.
Uterus measures LS: 5.9 cms   AP: 4.5 cms   TS: 6.6 cms.

OVARIES are normal in size, shape and echotexture
Right ovary measures 2.6 x 1.9 cm   Left ovary measures 2.1 x 1.7 cm.

POD & adnexa are free.
No evidence of ascites.

IMPRESSION:

- **No significant abnormality detected.**

Name	MRS.KUMARI KHUSHBOO	ID	MED121796777
Age & Gender	35Y/FEMALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGISTS

Name	MRS.KUMARI KHUSHBOO	ID	MED121796777
Age & Gender	35Y/FEMALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.30	cms.
LEFT ATRIUM	:	2.97	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.05	cms.
(SYSTOLE)	:	2.52	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	0.95	cms.
(SYSTOLE)	:	1.40	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.26	cms.
(SYSTOLE)	:	1.26	cms.
EDV	:	72	ml.
ESV	:	22	ml.
FRACTIONAL SHORTENING	:	37	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.9 m/s   A -0.6 m/s   NO MR.

AORTIC VALVE: 1.1 m/s   NO AR.

TRICUSPID VALVE: E - 0.5 m/s   A -0.3 m/s   NO TR.

PULMONARY VALVE: 0.8 m/s   NO PR.

Name	MRS.KUMARI KHUSHBOO	ID	MED121796777
Age & Gender	35Y/FEMALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal.Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI

Name	MRS.KUMARI KHUSHBOO	ID	MED121796777
Age & Gender	35Y/FEMALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

CONSULTANT CARDIOLOGIST

Name	MRS.KUMARI KHUSHBOO	ID	MED121796777
Age & Gender	35Y/FEMALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

Name	KUMARI KHUSHBOO	Customer ID	MED121796777
Age & Gender	35Y/F	Visit Date	Apr 8 2023 9:03AM
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.N.Sandhya, DMRD
Consultant Radiologist