



(Medall Healthcare Pvt Ltd)

Stick the Barcode here

SASH SELF REFERRAL

I, give consent to Medall Healthcare Pvt Ltd to perform the SASH Package investigation requested by myself.

General Information:

Name: Mr./Ms/Mrs

L	A	L	I	T	H	A		K	A	M	E	S	W	A	R	I		
R	A	M	A	N	I			M	A	L	L	A	V	A	R	A	P	O

Date of Birth :

DD	MM	YY
11	07	1987

 or Age:

56

 Gender: Male Female

Contact Number :

9	6	1	8	9	0	5	7	4	0
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Email ID :

l	k	r	a	m	a	n	l	v	a	s	a	n	t	h	a	r	a	o
@	g	m	a	i	l	.	c	o	m	.								

Pin Code:

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Vitals Entry (to be filled by Medall Team)

Height

1	5	2			
---	---	---	--	--	--

 CMS

--

 feet

--

 Inches

--

Waist

3	6				
---	---	--	--	--	--

 Inches

Hip

3	4				
---	---	--	--	--	--

 Inches

Fat

4	3	.	8		
---	---	---	---	--	--

 %

Weight

3	1	.	9		
---	---	---	---	--	--

 Kgs

Visceral Fat

2	2	.	0		
---	---	---	---	--	--

RM

1	5	1	0
---	---	---	---

 Cal

BMI

3	1	.	1
---	---	---	---

Body Age

7	0		
---	---	--	--

 Yrs

Systolic BP

1	2	0
---	---	---

 mm/Hg

Diastolic BP

8	0	
---	---	--

 mm/Hg

Ret
 Dr. Lanka Prasad, M. B. B. S.,
 Reg. No. 18363
 CIVIL ASSISTANT SURGEON
 MEDICAL OFFICER
 Primary Health Centre
 KASIBKOTA-531-03
 VISAKHA Dist.

Clinical History / Medicines taken

Disclaimer: I have verified and agree with all the data in this sheet.

Customer Signature

How did you come to know about SASH

In-Store Communication Social Media Friends / Family Theatres Radio Posters Other

Date _____

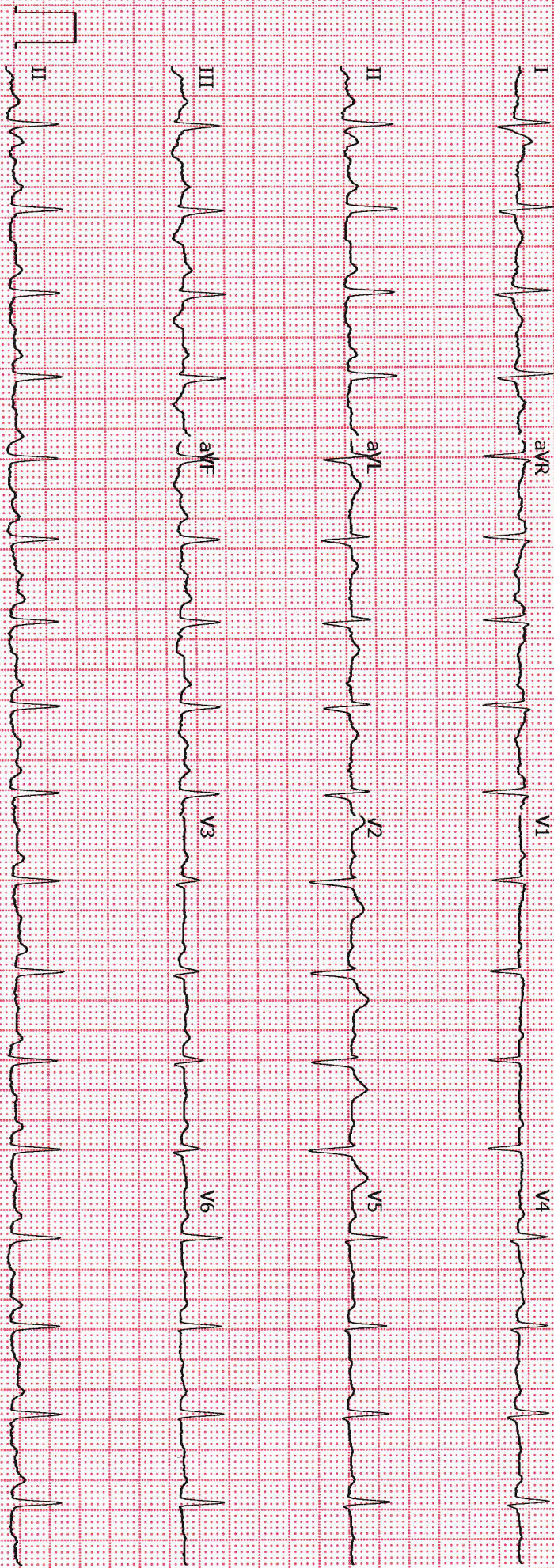
Emp Name/ID: _____

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Indication:
Medication 1:
Medication 2:
Medication 3:

QRS : 76 ms
QT / QTcBaz : 328 / 431 ms
PR : 160 ms
p : 98 ms
RR / pp : 574 / 576 ms
P / QRS / T : 72 / 67 / 3 degrees

Sinus tachycardia
Otherwise normal ECG



☎: 0891-2706431
Cell : 9246674691



SHARADA EYE HOSPITAL

H.No. APGV KHN B00 146, Sharada Eye Hospital Complex
Krishnanagar, VISAKHAPATNAM-530 002

Dr. K. Venkateswarlu

MD (AIIMS) FRF

EYE SURGEON

Reg. No. 12677

Date 28/1/23

Ms. R.M. Lalitha

56

Vision E
glasses

(R)

6/6 NS

$+2.0/+1.0/80$

 $+2.0$

DM⁰
HT^{NO}

(L)

6/6 NS

$+1.5/+1.0/80$

 $+2.0$

Ant Seg

normal

normal

Fundus -

normal

normal

Color Vision

normal

normal

Eyes normal




Dr. K. VENKATESWARLU
M.B., M.D. (Oph. A.I.I.M.S.), F.R.F.
Sharada Eye Hospital
VISAKHAPATNAM
Regd. No. 12677

(normal)

Name : Mrs. R M LALITHA K
PID No. : MED111966821
SID No. : 80539609
Age / Sex : 56 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 25/11/2023 7:57 AM
Collection On : 25/11/2023 8:27 AM
Report On : 28/11/2023 5:28 PM
Printed On : 28/11/2023 6:27 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'A' Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (Blood/Spectrophotometry)	13.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV)	41.3	%	37 - 47
RBC Count (Blood/Electrical Impedance)	4.80	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/Calculated)	86.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Calculated)	32.9	g/dL	32 - 36
RDW-CV (Calculated)	14.0	%	11.5 - 16.0
RDW-SD (Calculated)	42.14	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Electrical Impedance)	6370	cells/cu.m m	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	57.31	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	28.48	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	4.69	%	01 - 06


CHINTHA SHIVAJI
Lab Manager

VERIFIED BY




Dr K. NEEHARIKA
MD PATHOLOGY
Reg No : 96545

APPROVED BY

The results pertain to sample tested.

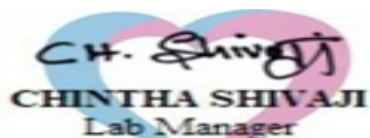
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Lab Address: MEDALL HEALTH CARE PVT LTD,#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

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Monocytes (Blood/Impedance and absorbance)	9.17	%	01 - 10
Basophils (Blood/Impedance and absorbance)	0.34	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance and absorbance)	3.65	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance)	1.81	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance)	0.30	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance)	0.58	10 ³ / μ l	< 1.0
Absolute Basophil count (Blood/Impedance)	0.02	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance)	2.99	lakh/cu.m m	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/Derived from Impedance)	8.26	fL	8.0 - 13.3
PCT (Calculated)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	55	mm/hr	< 30
BUN / Creatinine Ratio	16.8		
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	114	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126



VERIFIED BY



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

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	108	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/Calculated)	13.9	mg/dL	7.0 - 21
---	------	-------	----------

Creatinine (Serum/Jaffe - Alkaline Picrate)	0.8	mg/dL	0.6 - 1.1
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Uric Acid (Serum/Urlicase/Peroxidase)	5.4	mg/dL	2.6 - 6.0
--	-----	-------	-----------

Liver Function Test


Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.8	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.2	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Calculated)	0.60	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	31	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	39	U/L	5 - 41
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CHINTHA SHIVAJI
 Lab Manager

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 MD PATHOLOGY
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Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	95	U/L	53 - 141
Total Protein (Serum/Biuret)	7.2	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.7	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	3.50	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	1.06		1.1 - 2.2

INTERPRETATION: Enclosure : Graph

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23	U/L	< 38
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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	182	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	85	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)	60	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	105	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	122.0	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	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)	1.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C (Whole Blood/HPLC-Ion exchange)	5.9	%	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 %

Mean Blood Glucose (Whole Blood)	122.63	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 glyceemic 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))	1.10	ng/ml	0.4 - 1.81
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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.

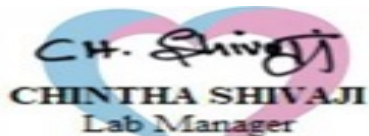
T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	10.21	µg/dl	4.2 - 12.0
--	-------	-------	------------

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/Chemiluminescence)	4.05	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&l;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

Others (Urine/Microscopy)	Nil	
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INTERPRETATION:Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour (Urine/Physical examination)	Amber	Yellow to Amber
--	-------	-----------------

Appearance (Urine/Physical examination)	clear	Clear
--	-------	-------

Chemical Examination(Urine Routine)

Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method)	Negative	Negative
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Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative	Negative
---	----------	----------

Microscopic Examination(Urine Routine)



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Pus Cells (Urine/Microscopy exam of urine sediment)	2-3	/hpf	0 - 5
Epithelial Cells (Urine/Microscopy exam of urine sediment)	1-2	/hpf	NIL
RBCs (Urine/Microscopy exam of urine sediment)	1-2	/hpf	0 - 5

STOOL ANALYSIS - ROUTINE

PHYSICAL EXAMINATION

Colour (Stool/Physical examination)	Brown	Brown
Consistency (Stool/Physical examination)	semi soft	Well Formed
Mucus (Stool)	Absent	Absent
Blood (Stool)	Absent	Absent

CHEMICAL EXAMINATION

Reaction (Stool)	Acidic	Acidic
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MICROSCOPIC EXAMINATION
(STOOL COMPLETE)

Ova (Stool)	NIL
Cysts (Stool)	NIL



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Trophozoites (Stool)	NIL		
Pus Cells (Stool)	1-2	/hpf	
RBCs (Stool)	NIL	/hpf	
Others (Stool)	NIL		



CH. Shivaji
CHINTHA SHIVAJI
Lab Manager

VERIFIED BY



K. Neeharika
Dr K. NEEHARIKA
MD PATHOLOGY
Reg No : 96545

APPROVED BY

-- End of Report --

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Ref. Dr : MediWheel

OP / IP : OP

PAP Smear by LBC(Liquid based Cytology)

Cytology no 114/23

Nature of Specimen : Cervical pap smear

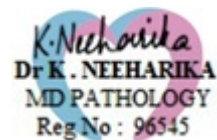
Specimen adequacy : Satisfactory.

General Category of Smear : Negative for intraepithelial lesion or malignancy.

Description of Smear : Superficial and intermediate squamous epithelial cells.

No organisms seen.

INTERPRETATION : Negative for intraepithelial lesion or malignancy.



Name	MRS.R M LALITHA K	ID	MED111966821
Age & Gender	56Y/FEMALE	Visit Date	25 Nov 2023
Ref Doctor Name	MediWheel		

**Dr. B. SRIKANTH MD DM
CONSULTANT CARDIOLOGIST**

Name	Mrs. R M LALITHA K	Customer ID	MED111966821
Age & Gender	56Y/F	Visit Date	Nov 25 2023 7:56AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Suboptimal study in view of thick abdominal wall.

Liver : Mildly enlarged in size (16.0 cm) shows diffuse increase in echotexture.
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.

Gall Bladder : Normal in volume and wall thickness.
 No e/o intraluminal calculi seen.

Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.

Spleen : Measured 9.2 cm, in size with normal echotexture.

Right kidney : Measured 9.7 x 4.3 cm in size.

Left kidney : Measured 10.3 x 5.3 cm in size.
 Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
 No e/o calculi / space occupying lesion seen.
 No e/o suprarenal / retroperitoneal masses noted.

Urinary bladder : Minimally distended with normal wall thickness.
 No e/o intraluminal calculi / masses seen.

Uterus : Normal for age.

Both ovaries : Suboptimally made out.

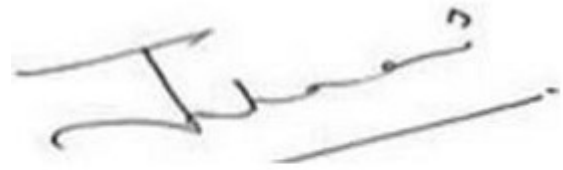
No e/o ascites / pleural effusion seen.
 No e/o detectable bowel pathology seen.

IMPRESSION :

- Mild hepatomegaly with Grade II steatosis – *To correlate with LFT.*

Name	Mrs. R M LALITHA K	Customer ID	MED111966821
Age & Gender	56Y/F	Visit Date	Nov 25 2023 7:56AM
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- For clinical correlation.



Dr. Jahnavi Barla, MD (RD)

Consultant Radiologist

Name	Mrs. R M LALITHA K	Customer ID	MED111966821
Age & Gender	56Y/F	Visit Date	Nov 25 2023 7:56AM
Ref Doctor	MediWheel		

MAMMOGRAPHY

Both breasts are heterogeneously dense (Breast composition type C) with moderate sensitivity.

No e/o micro / macro calcification in both breasts.

Skin and subcutaneous planes are normal.

Axillary tail and retromammary regions appear normal.

No obvious e/o Axillary lymphadenopathy.

Screening sonomammography revealed no abnormality.

Ultrasound screening revealed no significant abnormality.

IMPRESSION :

- **Essentially normal study.**

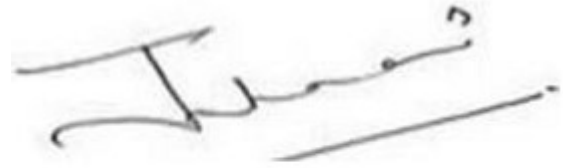
BIRADS CATEGORY – 1 (NEGATIVE)

- For clinical correlation.

BIRADS –I	Negative	Routine screening recommended
BIRADS –II	Benign finding	Routine screening recommended
BIRADS –III	Probably benign, probability of malignancy < 2%	Short term interval follow up x 6 months recommended to assess stability
BIRADS –IV	Suspicious abnormality, probability of malignancy 3 -94% A. Low suspicious for malignancy B. Intermediate probability for malignancy C. Moderate concern for malignancy	Recommended biopsy.
BIRADS –V	Highly suggestive of malignancy > = 95%	Recommended biopsy intervention

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		required
BIRADS -VI	Proven malignancy	Intervention required



Dr. Jahnavi Barla, MD (RD)

Consultant Radiologist

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RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Smooth reticulo interstitial thickening is noted in bilateral lower zones.

Rest of the lungs are clear.

Both Costophrenic angles are normal.

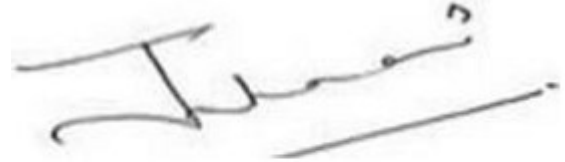
The soft tissues and bones of thorax are normal.

IMPRESSION :

- **Smooth reticulo interstitial thickening in bilateral lower zones.**
- **Rest of the visualized lung fields are clear.**

- For clinical correlation.

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