



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **S H W E T H A**

Gender: Male Female Age: **26** years DOB: / /

Address: Pincode:

Mobile:

To be filled by Customer

Medical History

Have you been previously diagnosed with?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No
- Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Liver Disease Yes No
- Cancer Yes No
- Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Cancer Yes No

Lifestyle

- Do you exercise regularly? Yes No
- Do you consume alcohol more than 2 times a week? Yes No
- Do you smoke/chew tobacco? Yes No
- Are you vegetarian? Yes No

General

- Do you see a doctor at least once in 6 months? Yes No
- Do you undergo a health checkup every year? Yes No
- How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

- Is there a family history of Breast Cancer? Yes No
- Is there a family history of Endometrial (Uterus) Cancer? Yes No
- Is there a family history of Ovarian Cancer? Yes No
- Do you have irregular periods? Yes No
- Do you have heavy bleeding during periods? Yes No
- Do you have scanty periods? Yes No
- Have you attained Menopause? Yes No
- Do you have children? Yes No
- Was it a normal delivery? Yes No

Bar code

Vitals

To be filled by Technician

Height: **173** cms

Waist: **36** in.

Hip: **39** in.

Weight: **68.8** kg

Fat: **33.3** %

Visc. Fat: **4.0** %

RM: **1397** cal

BMI: **23** kg/m²

Body Age: **38** years

Sys. BP: **122** mmHg

Dia. BP: **76** mmHg

72 Phn.



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name


श्वेता ऐ
Shwetha A

E.C. No.

180083




जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

Name	MS.SHWETHA A	ID	MED110827528
Age & Gender	26Y/FEMALE	Visit Date	25/12/2021
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.22	cms
LEFT ATRIUM	:	3.06	cms
AVS	:	1.80	cms
LEFT VENTRICLE (DIASTOLE)	:	4.29	cms
(SYSTOLE)	:	2.86	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.14	cms
(SYSTOLE)	:	2.00	cms
POSTERIOR WALL (DIASTOLE)	:	1.02	cms
(SYSTOLE)	:	1.96	cms
EDV	:	82	ml
ESV	:	31	ml
FRACTIONAL SHORTENING	:	33	%
EJECTION FRACTION	:	62	%
EPSS	:		cms
RVID	:	2.16	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.17m/s 'A' -0.62m/s	NO MR
AORTIC VALVE	:1.50 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR

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:2:

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 prolapse.

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: 62 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)


DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248

Name	MS.SHWETHA A	ID	MED110827528
Age & Gender	26Y/FEMALE	Visit Date	25/12/2021
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ABDOMINO-PELVIC ULTRASONOGRAPHY

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

GALL BLADDER show normal shape and has clear contents.
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 show 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 made out.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.7
Left Kidney	9.7	1.8

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 – 7.0mms.

Uterus measures as follows:

LS: 7.2cms AP: 2.9cms TS: 3.8cms.

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OVARIES are normal size, shape and echotexture
Ovaries measures as follows:
Right ovary: 2.4 x 1.6cms
Left ovary: 2.6 x 1.8cms

POD & adnexa are free.

No evidence of ascites.

Impression: No sonological abnormality detected.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY


DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P
Ms/pu

26 Years

Female

25 12 2021 8:57:53
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

QRS	84 ms
QT / QTcBaz	404 / 429 ms
PR	146 ms
P	96 ms
RR / PP	878 / 882 ms
P / QRS / T	18 / 70 / 36 degrees

Handwritten: 68 bpm

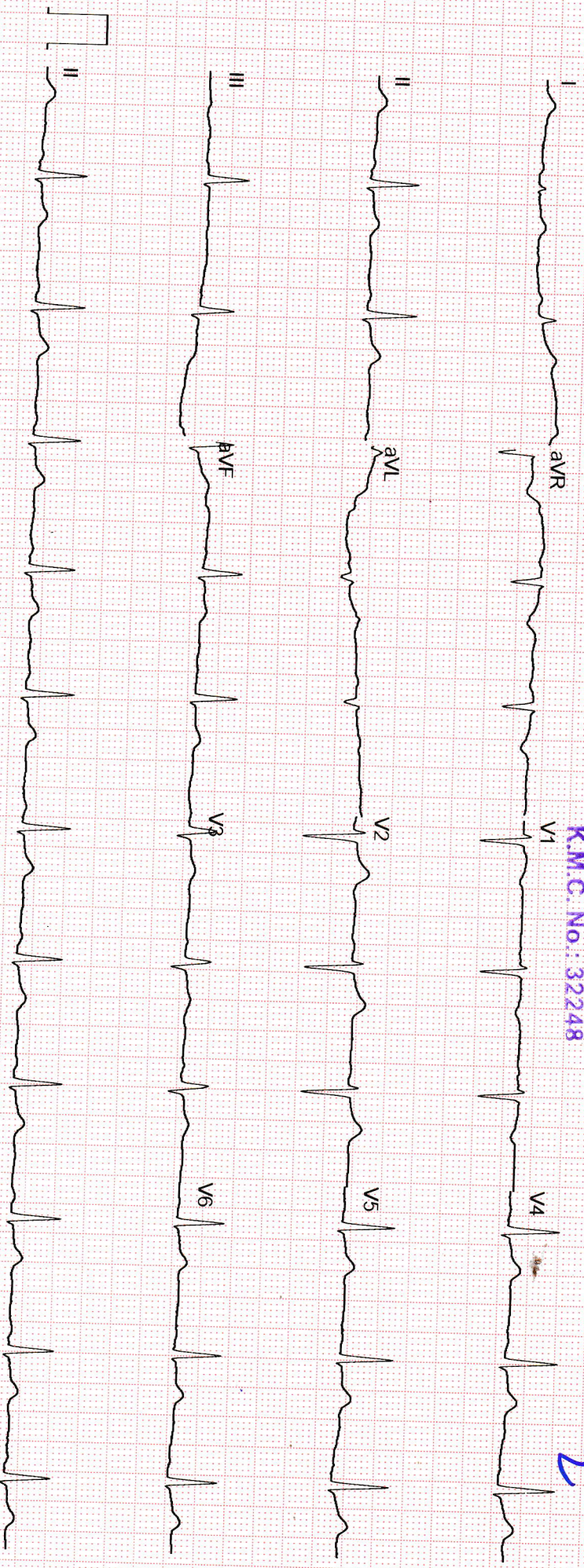

Technician: koms
 Ordering Ph: MEDWHEEL
 Referring Ph: MEDWHEEL
 Attending Ph:

(Needs Clinical Correlation
for further Management)

Dr. SRIDHAR .L
 MD.(Med), DM(Cardio), FICC
 Interventional Cardiologist
 K.M.C. No.: 322248

Handwritten: VPR
W + 70°

Handwritten: Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2 5x3 25 R1

Unconfirmed

Name	SHWETHA A	Customer ID	MED110827528
Age & Gender	26Y/F	Visit Date	Dec 25 2021 8:18AM
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. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS

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HAEMATOLOGY

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)	36.5	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.79	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	76.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	23.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	15.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.90	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	61.0	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	30.7	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.3	%	01 - 06


Dr BIDISHA DE MD
CONSULTANT PATHOLOGIST
KMC NO-110691

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902


APPROVED BY

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.6	%	02 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.66	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.84	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.08	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.40	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	269	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.6	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	3	mm/hr	0 - 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	3.8	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.2	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.2		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	15	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	96	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	13	U/L	< 38

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	150	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	46	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)	49	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	91.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	9.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	101.0	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.


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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.1		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)	0.9		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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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 102.54 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 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.

A handwritten signature in black ink, appearing to read "Shamim Javed".

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.20	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.

T4 (Thyroxine) - Total (Serum/CMIA)	7.56	µg/dL	4.2 - 12.0
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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 Microparticle Immunoassay(CMIA))	3.76	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Volume (Urine)	10	mL	
Appearance (Urine)	Clear		Clear

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0


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<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	0-2	/hpf	3-5
Epithelial Cells (Urine)	1-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil

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BIOCHEMISTRY

BUN / Creatinine Ratio	11		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	80	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	89	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.7	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/Uricase/Peroxidase)	3.4	mg/dL	2.6 - 6.0
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Register On : 25/12/2021 8:19 AM
Collection On : 25/12/2021 10:38 AM
Report On : 26/12/2021 3:30 PM
Printed On : 27/12/2021 4:47 PM



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

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

A handwritten signature in black ink, appearing to read "Bidisha".

Dr BIDISHA DE MD
CONSULTANT PATHOLOGIST
KMC NO:110691

VERIFIED BY

A handwritten signature in black ink, appearing to read "Shamim Javed".

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --