



MYSORE-BALLAL CIRCLE

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date : 02/09/2023 08:00 AM



Customer Name : **MRS.CHANDRAPRABHA**

Ref Dr Name : **MediWheel**

Customer Id : **MED111818808** Visit ID : **712330300**

Age : **40Y/FEMALE** Phone No : **8073844152**

DOB : **02 Sep 1982** Visit Date : **02/09/2023**

Company Name : **MediWheel**

Package Name : **Mediwheel Full Body Health Checkup Female Below 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	GLUCOSE - FASTING			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
5	LAB	LIPID PROFILE			
6	LAB	LIVER FUNCTION TEST (LFT)			
7	LAB	URIC ACID			
8	LAB	URINE GLUCOSE - FASTING			
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
10	LAB	COMPLETE BLOOD COUNT WITH ESR			
11	LAB	THYROID PROFILE/ TFI (T3, T4, TSH)			
12	LAB	STOOL ANALYSIS - ROUTINE			
13	LAB	URINE ROUTINE			
14	LAB	CREATININE			
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
16	LAB	BUN/CREATININE RATIO			
17	OTHERS	physical examination	MYS2828092102651		
18	US	ULTRASOUND ABDOMEN	MYS2828092103462		
19	OTHERS	Treadmill / 2D Echo	MYS2828092127528	5 PM	
20	OTHERS	EYE CHECKUP	MYS2828092135592		
21	X-RAY	X RAY CHEST	MYS2828092145199		
22	OTHERS	Consultation Physician	MYS2828092148004		
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2828092149333		

Registered By
(DIVYA.RAJESH)

BP - 120/80 mmHg
pulse - 81 bpm.



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM
MYSORE-570005, KARNATAKA

CASE SHEET

Name: CHANDRAPRABHA . OP No. 6OP1263195 Gender: Female Age: 40 Date: 02/09/2023

Complaint

S.No	Eye	Complaint	Duration	Type	Remarks
2	BE	FOR MEDICAL CHECK UP	1	Days	

Diagnosis

Eye	ICDCode	ICD	Version	Remarks
BE	H52.4	Presbyopia - H52.4 - 10	10	
BE	224	myopia - 224 - 9	9	

SCHIRMER'S Test & TBUT

IOP

Type	NCT			DVT Flag				
Target					DVT1	DVT2	DVT3	DVT4
	BD	AD	CL	RE				
RE	13			LE				
LE	12			Time	12:00 AM	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	-0.75	-0.75	70	BD	-1.75	-0.25	85
AD				AD			

Drug Used:

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/9			DV	6/24		
NV	N6			NV	N6		

Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	-0.50	-0.50	70	6/6	Dist	-1.25			6/6
Near	+0.50	-0.50	70	N6	Near	-0.25			N6

Color Vision

Chart Type	1
RE	38/38
LE	38/38
Remarks	

Recommendations

User Name	Recommendations
Dr PRIYA D	CLEAR CORNEA AC VH IV PUPIL RE IRREGULAR, LE RRR LENS CLEAR RE POST SYNECHIAE+, IRIS ATROPHIC PATCHES+ FUNDUS: BE VCDR 0.3, FR+ REVIEW AFTER 1 YR/SOS

This visit was Electronically Signed by Mr. JOHN STEEPHAN on 9/2/2023 11:51:28 AM.

This visit was Electronically Signed by Dr. PRIYA D on 9/2/2023 1:00:00 PM.

Dr. Priya. D
M.B.B.S. MS
Consultant Glaucoma & Cataract
KMC No. 88421

Customer Name	MRS.CHANDRAPRABHA	Customer ID	MED111818808
Age & Gender	40Y FEMALE	Visit Date	02.09.2023
Ref Doctor	MediWheel		

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 madeout.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.3	1.3
Left Kidney	9.8	1.4

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 7mms.
Uterus measures as follows: LS: 7.1cms AP: 3.5cms TS: 3.5cms.

OVARIES are normal size, shape and echotexture. Left ovarian dominant follicle measuring 18mm.
POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

> **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS


DR. ANITHA ADARSH
AA/SV

DR. MOHAN B

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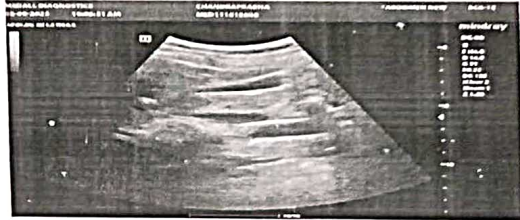
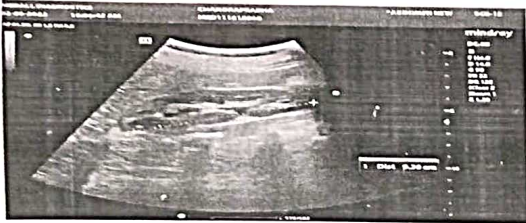
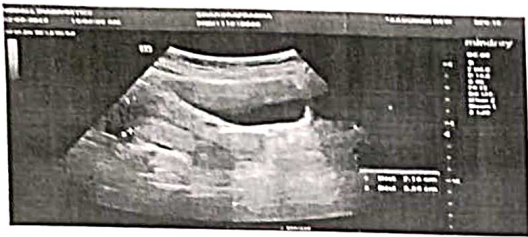


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Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MRS.CHANDRAPRABHA	Customer ID	ME1111111111
Age & Gender	40Y/FEMALE	Visit Date	02/09/2023
Ref Doctor	MediWheel		



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Age & Gender	40Y/FEMALE	Visit Date	02/09/2023
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.4cms
LEFT ATRIUM	:	2.5cms
LEFT VENTRICLE (DIASTOLE)	:	3.9cms
(SYSTOLE)	:	2.2cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.7cms
(SYSTOLE)	:	0.9cms
POSTERIOR WALL (DIASTOLE)	:	0.7cms
(SYSTOLE)	:	1.1cms
EDV	:	63ml
ESV	:	24ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	62%
RVID	:	1.0cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.77m/s	'A' - 0.51 m/s	NO MR
AORTIC VALVE	:	0.89m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.63m/s	'A' - 0.43m/s	NO TR
PULMONARY VALVE	:	0.70m/s		NO PR

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Customer Name	MRS.CHANDRAPRABHA	Customer ID	MEDI11818808
Age & Gender	40Y/FEMALE	Visit Date	02/09/2023
Ref Doctor	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 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.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/mm

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Name : Mr. MANJUNATH PRASAD B
PID No. : MED111819302
SID No. : 712330339
Age / Sex : 38 Year(s) / Male
Type : OP
Ref. Dr : C/O. TRUWORTHWELLNESS

Register On : 02/09/2023 10:58 AM
Collection On : 02/09/2023 11:05 AM
Report On : 03/09/2023 1:55 PM
Printed On : 05/09/2023 11:16 AM



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

'B' 'Positive'

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by gel method.

Complete Blood Count With - ESR

Haemoglobin

13.7

g/dL

13.5 - 18.0

(EDTA Blood/Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit

40.2

%

42 - 52

(EDTA Blood/Derived)

RBC Count

5.02

mill/cu.mm

4.7 - 6.0

(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume)

80.0

fL

78 - 100

(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin)

27.4

pg

27 - 32

(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration)

34.2

g/dL

32 - 36

(EDTA Blood/Derived)

RDW-CV

14.5

%

11.5 - 16.0

(Derived)

RDW-SD

40.60

fL

39 - 46

(Derived)

Total WBC Count (TC)

7000

cells/cu.m
m

4000 - 11000

(EDTA Blood/Derived from Impedance)

Neutrophils

60

%

40 - 75

(Blood/Impedance Variation & Flow Cytometry)



APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	30	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.20	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.10	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	230	10 ³ / µl	150 - 450
MPV (Blood/Derived)	10.3	fL	7.9 - 13.7
PCT	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	06	mm/hr	< 15



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	78	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 Postprandial (PPBS) (Plasma - PP/GOD - POD)	76	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.

Urea (Serum/Urease UV)	30	mg/dL	15 - 45
Creatinine (Serum/Jaffe Kinetic)	1.3	mg/dL	0.9 - 1.3

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)	7.8	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.2	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.80	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.6	gm/dl	6.0 - 8.0



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Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.71		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the preferred method			
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	26	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	82	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27	U/L	< 55

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	297	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	138	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.



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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immunoinhibition)	53	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	216.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
VLDL Cholesterol (Serum/Calculated)	27.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	244.0	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)	5.6		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)	2.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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URINE ROUTINE

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.025		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil



APPROVED BY

-- End of Report --

Name	Mr. MANJUNATH PRASAD B	ID	MED111819302
Age & Gender	38Y/M	Visit Date	Sep 2 2023 10:57AM
Ref Doctor	C/O. TRUWORTHWELLNESS		

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: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST