# FITNESS CERTIFICATE

medall DIAGNOSTICS
experts who care

| | |
|---|---|
| NAME: GUDAPATI. SUDHA RANI | AGE: 48 |
| HT: 157 CMS: | WT: 83 KGS: SEX: F |

| PARAMETERS | MEASUREMENTS |
|---|---|
| PULSE/BP(supine) 72 | /mt 7 /mmHg 120/80 |
| INSPIRATION | 41 |
| EXPIRATION | 43 |
| CHEST CIRCUMFERENCE | 42 |
| PREVIOUS ILLNESS | |
| VISION | 6/9. now |
| FAMILY HISTORY | FATHER: Non Diabetic<br>MOTHER: |

REPORTS: F IT

DATE: 9.9.23

PLACE: Kasimkota

CONSULTANT PHYSICIAN
Dr. Lanka Prasad, M.B.B.S.,
Reg. No. 18363
CIVIL ASSISTANT SURGEON
MEDICAL OFFICER
Primary Health Centre
KASIMKOTA-531 031
VISAKHA Dist.

90 MEDALL.

✆: 0891-2706431
Cell : 9246674691

# SHARADA EYE HOSPITAL

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

Vision for all

Dr. K. Venkateswarlu
MD (AIIMS) FRF
EYE SURGEON
Reg. No. 12677

Date 9.9.23

Mrs Sudha Rani G.

47

DM°
HTN°

| | (R) | (C) |
|---|---|---|
| Vision | 6/9 | 6/9 |
| c̄ gl | 0/+1.5 | BZ |
| 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-2
Regd. No. 12677
Vision for all

ID: mrs.g.sudharani

Female

45 Years

09.09.2023 9:11:21
MEDALL HEALTHCARE PVT LTD
OFFICIAL COLONY,MAHARANIPETA
VISAKHAPATNAM

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

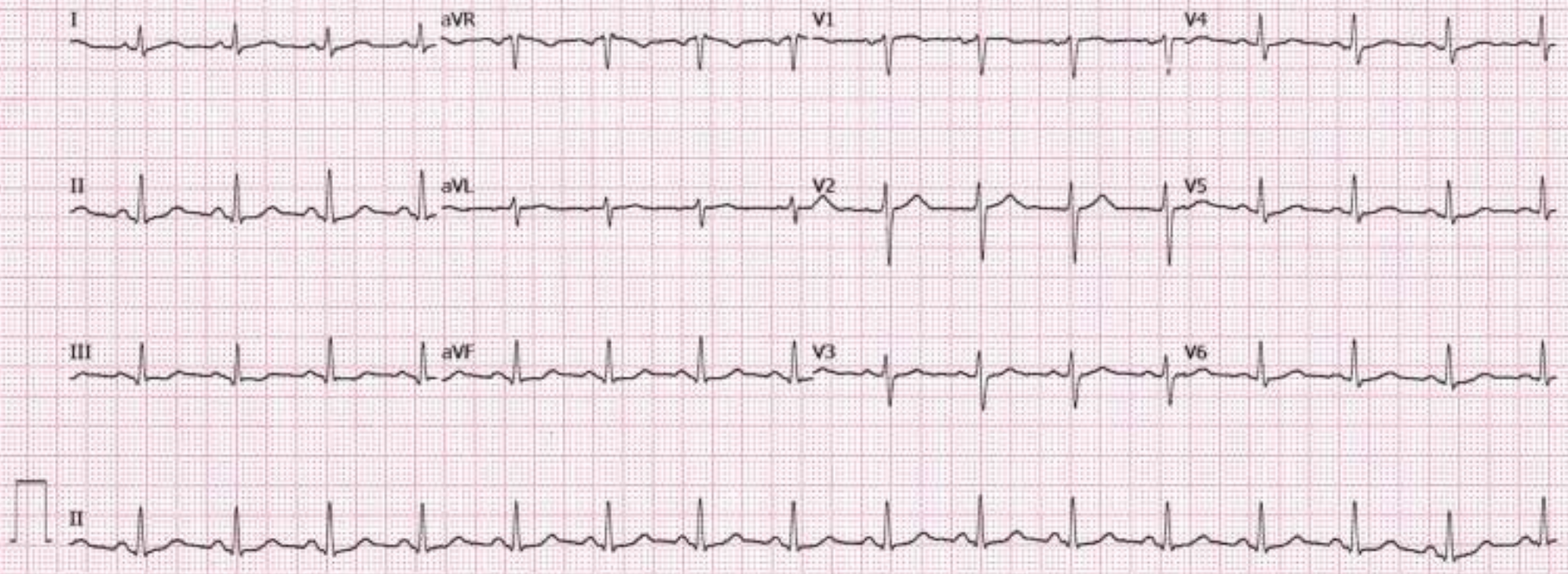
Room

95 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

| | |
|---|---|
| QRS : | 80 ms |
| QT / QTcBaz : | 358 / 449 ms |
| PR : | 130 ms |
| P : | 100 ms |
| RR / PP : | 628 / 631 ms |
| P / QRS / T : | 64 / 72 / 50 degrees |

Normal sinus rhythm
Normal ECG




Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

MEDALL HEALTHCARE PVT LTD

**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:44:28 46 yrs Indian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

BRUCE: Exercise Time 09:00
Max HR: 162 bpm 93 % of max predicted 174 bpm HR at rest: 105
Max BP: 140/90 mmHg Max RPP: 22680 mmHg*bpm
Maximum Workload: 10.00 METS
Max. ST: -1.10 mm, -0.35 mV/s in III; EXERCISE STAGE 3 8:30
Arrhythmia: A:25, PVC:3, PSVC:4
ST/HR index: 0.90 µV/bpm
ST/HR slope: 1.15 µV/bpm (II)
HR reserve used: 79 %
HR recovery: 26 bpm
VE recovery: 0 VE/min
ST/HR hysteresis: 0.003 mV (V2)
QRS duration: BASELINE: 94 ms, PEAK EX: 90 ms, REC: 96 ms
**Reasons for Termination:** Fatigue
**Summary:**
**Resting ECG:** normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response. **Chest Pain:** none. **Arrhythmias:** none. **ST Changes:** none. **Overall impression:** Normal stress test.
Room:
Location: * 0 *

| Phase Name | Stage Name | Time in Stage | Speed [ km/h ] | Grade [ % ] | Workload [ METS ] | HR [ bpm ] | BP [ mmHg ] | RPP [ mmHg*bpm ] | VE [ /min ] | ST Level III [ mm ] | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| PRETEST | SUPINE | 00:03 | 0.00 | 0.00 | 1.0 | 106 | | | 0 | -0.60 | |
| | STANDING | 00:03 | 0.00 | 0.00 | 1.0 | 106 | | | 0 | -0.55 | |
| | HYPERV. | 00:04 | 0.00 | 0.00 | 1.0 | 104 | | | 0 | -0.55 | |
| | WARM-UP | 00:08 | 0.00 | 0.00 | 1.0 | 103 | | | 0 | -0.55 | |
| EXERCISE | STAGE 1 | 03:00 | 2.70 | 10.00 | 4.6 | 121 | 120/80 | 14520 | 0 | -0.60 | |
| | STAGE 2 | 03:00 | 4.00 | 12.00 | 7.0 | 133 | 130/90 | 17290 | 0 | -0.75 | |
| | STAGE 3 | 03:00 | 5.40 | 14.00 | 10.0 | 160 | 140/90 | 22400 | 1 | -1.00 | |
| | STAGE 4 | 00:01 | 5.40 | 14.00 | 10.0 | 160 | | 22400 | 1 | -1.00 | |
| RECOVERY | | 03:02 | 0.00 | 0.00 | 1.0 | 107 | 120/80 | 12840 | 0 | -0.05 | |

Stress Test Negative

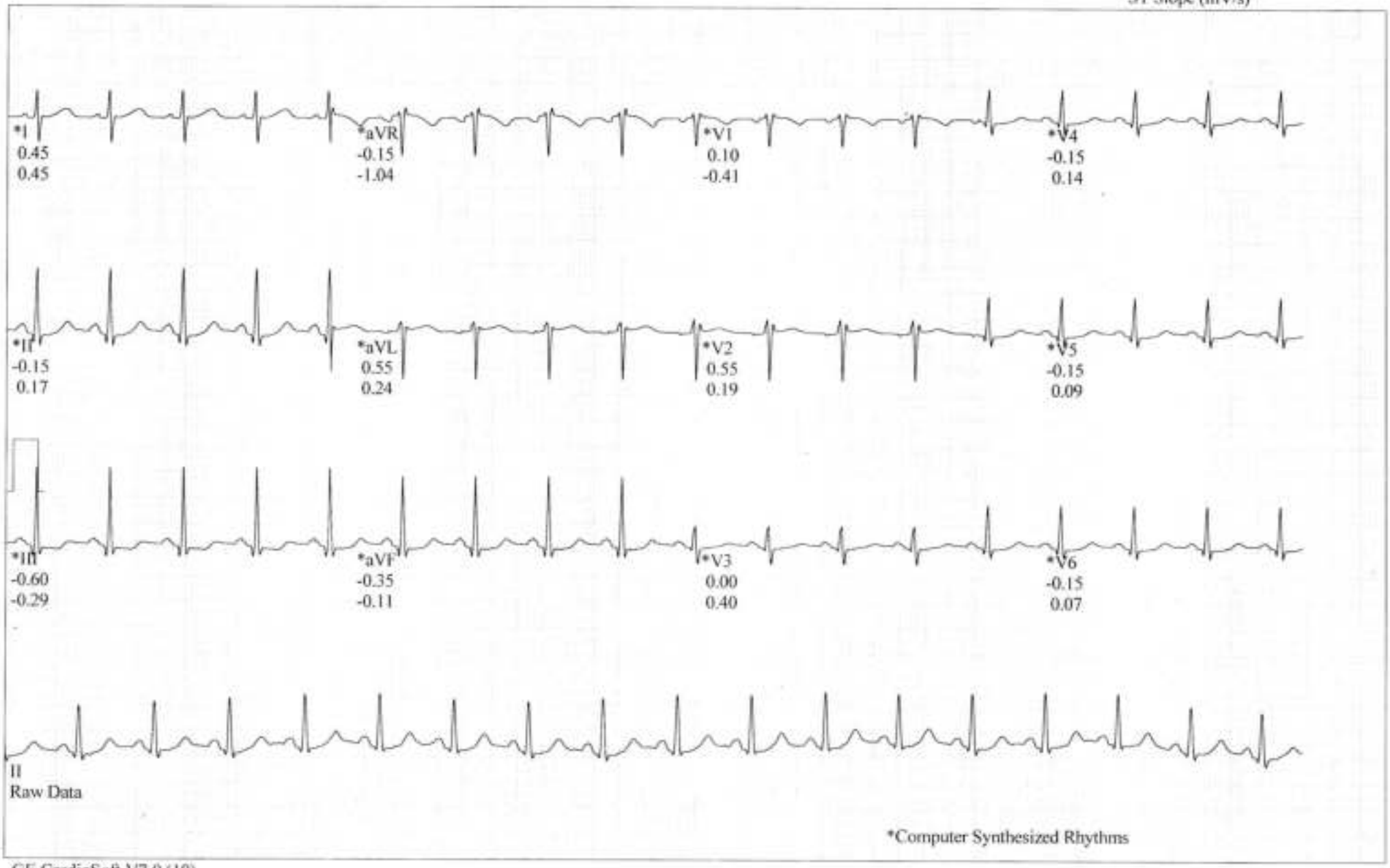
Sruthi

MEDALL HEALTHCARE PVT LTD

**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:44:30 46 yrs Indian

105 bpm

Lead
ST Level (mm)
ST Slope (mV/s)



Exercise Test / Linked Medians

MEDALL HEALTHCARE PVT LTD

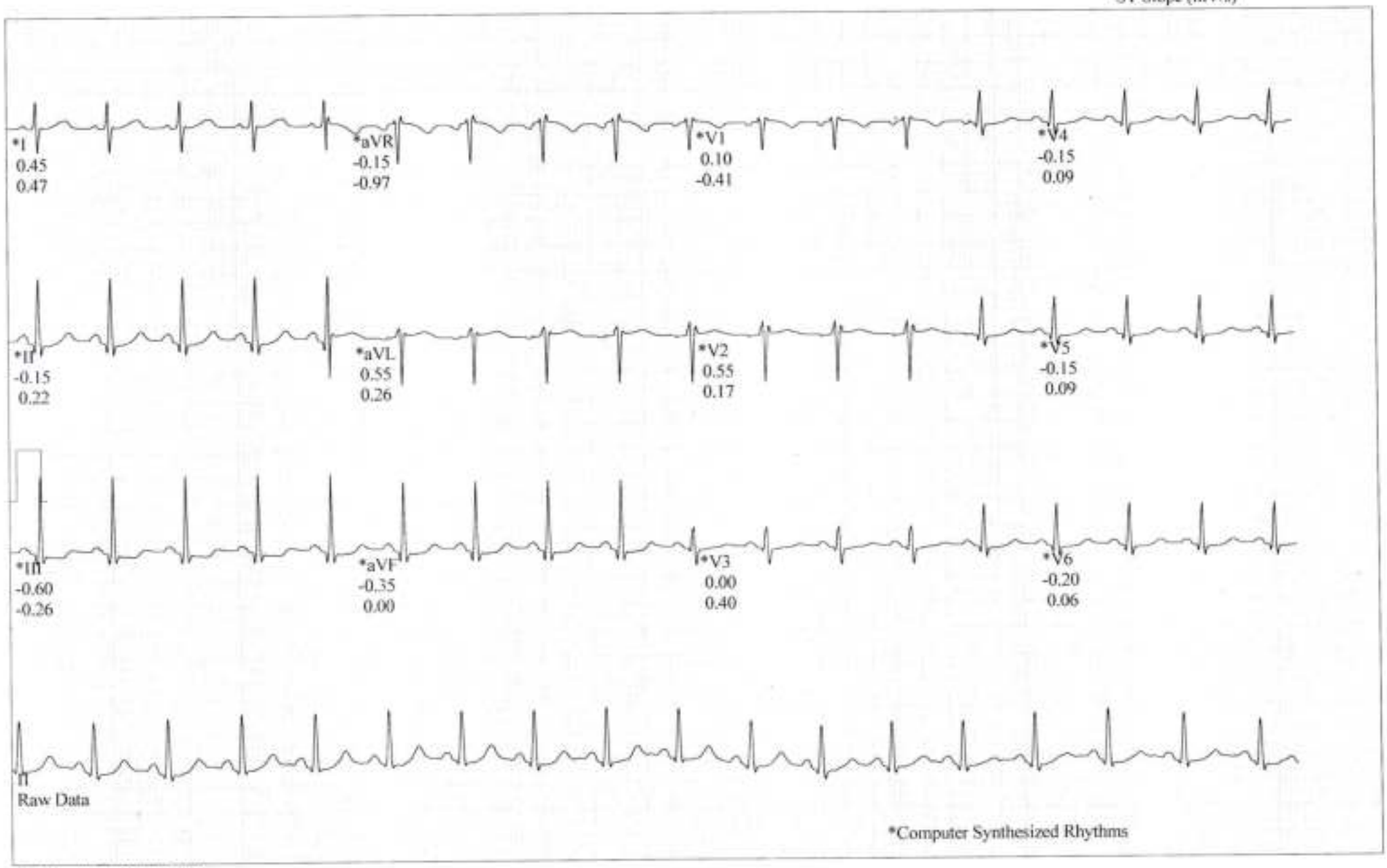
MRS.G.SUDHARANI,
Patient ID: MED111826385
09/09/2023 Female
9:44:30 46 yrs Indian

106 bpm

PRETEST
SUPINE
00:02

BRUCE
0.0 km/h
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)




GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF- HR(II,V2)

Start of Test: 9:44:28



Attending MD:

MRS.G.SUDHARANI,
Patient ID: MED111826385
09/09/2023 Female
9:44:32 46 yrs Indian

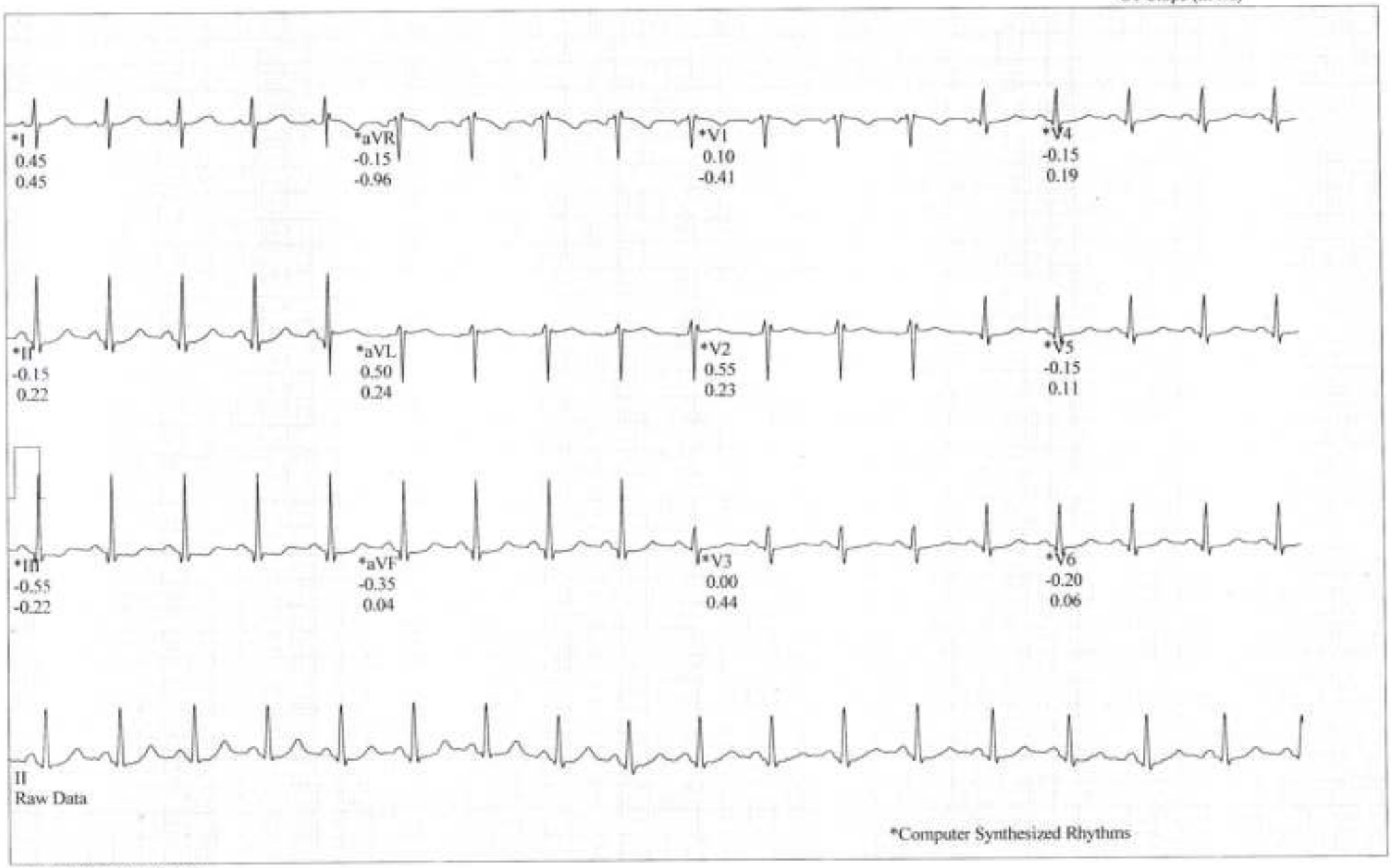
106 bpm

PRETEST
STANDING
00:03

BRUCE
0.0 km/h
0.0 %

MEDALL HEALTHCARE PVT LTD

Lead
ST Level (mm)
ST Slope (mV/s)




GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF- HR(II,V2)

Start of Test: 9:44:28

Exercise Test / Linked Medians

MEDALL HEALTHCARE PVT LTD

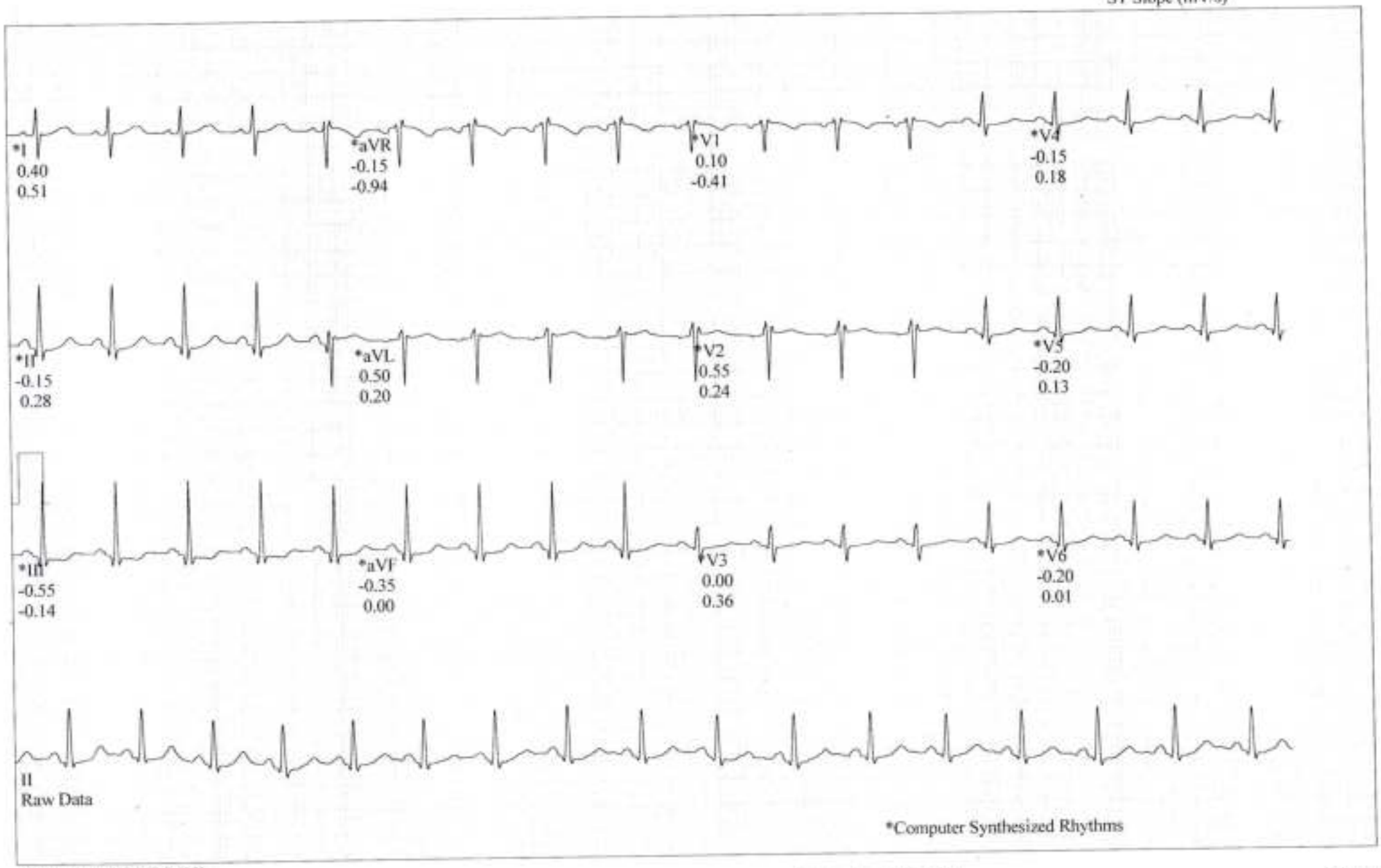
**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:44:34 46 yrs Indian

106 bpm

PRETEST
HYPERV.
00:06

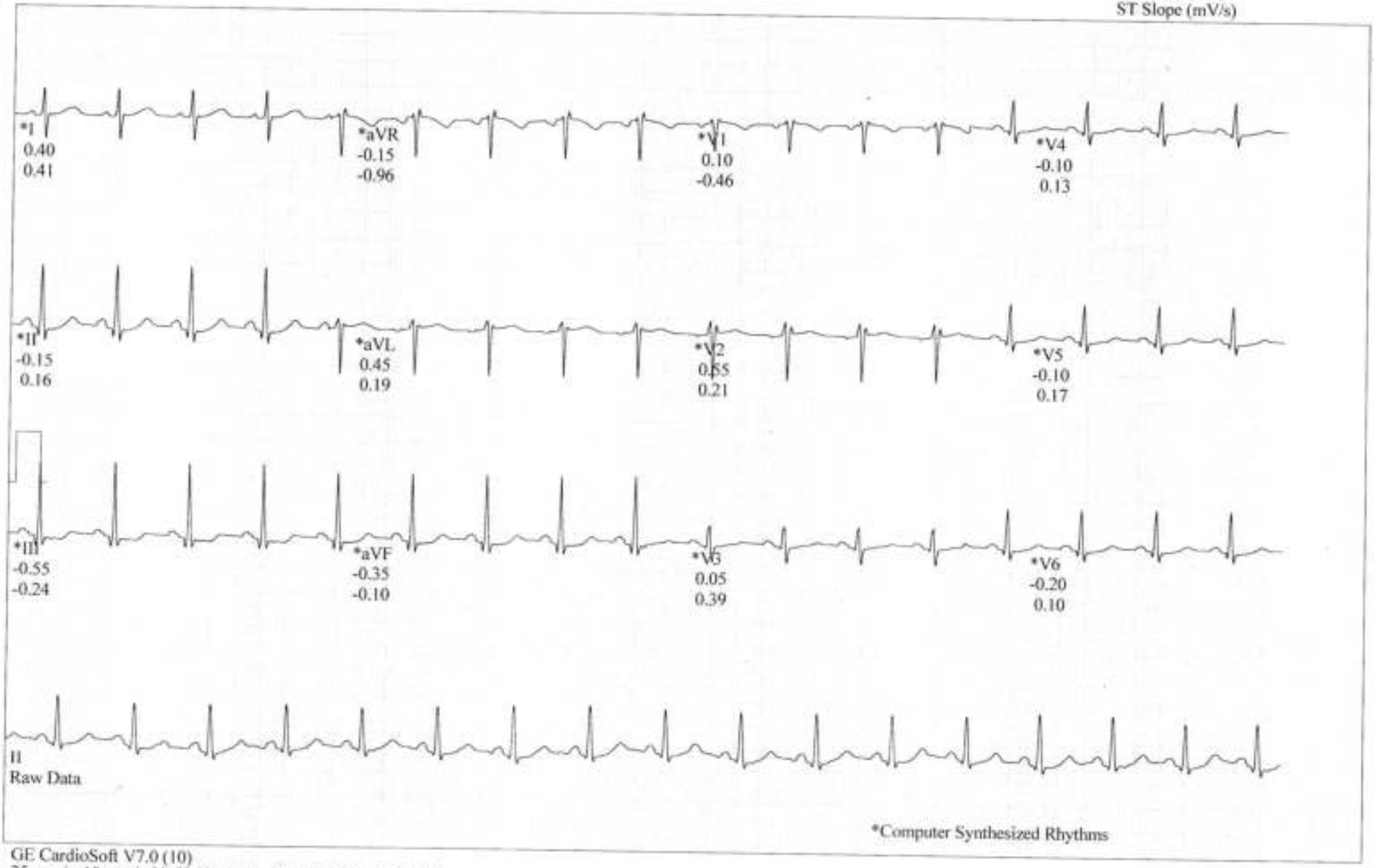
BRUCE
0.0 km/h
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)




GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF- HR(II,V2)

Start of Test: 9:44:28


Lead
ST Level (mm)
ST Slope (mV/s)
*I
0.40
0.41
*aVR
-0.15
-0.96
*V1
0.10
-0.46
*V4
-0.10
0.13
*II
-0.15
0.16
*aVL
0.45
0.19
*V2
0.55
0.21
*V5
-0.10
0.17
*III
-0.55
-0.24
*aVF
-0.35
-0.10
*V3
0.05
0.39
*V6
-0.20
0.10
II
Raw Data
*Computer Synthesized Rhythms

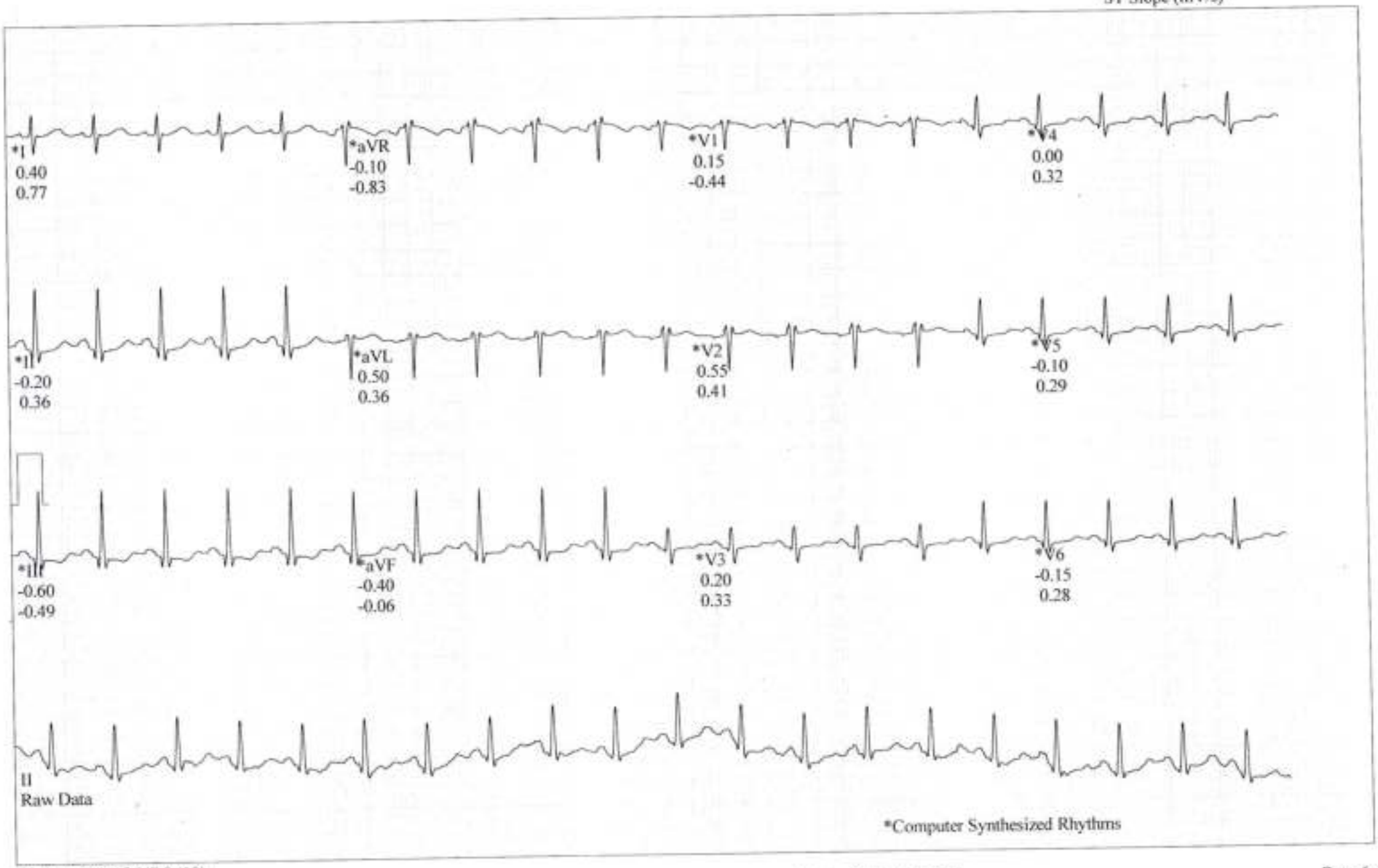
**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:47:35 46 yrs Indian

122 bpm
120/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



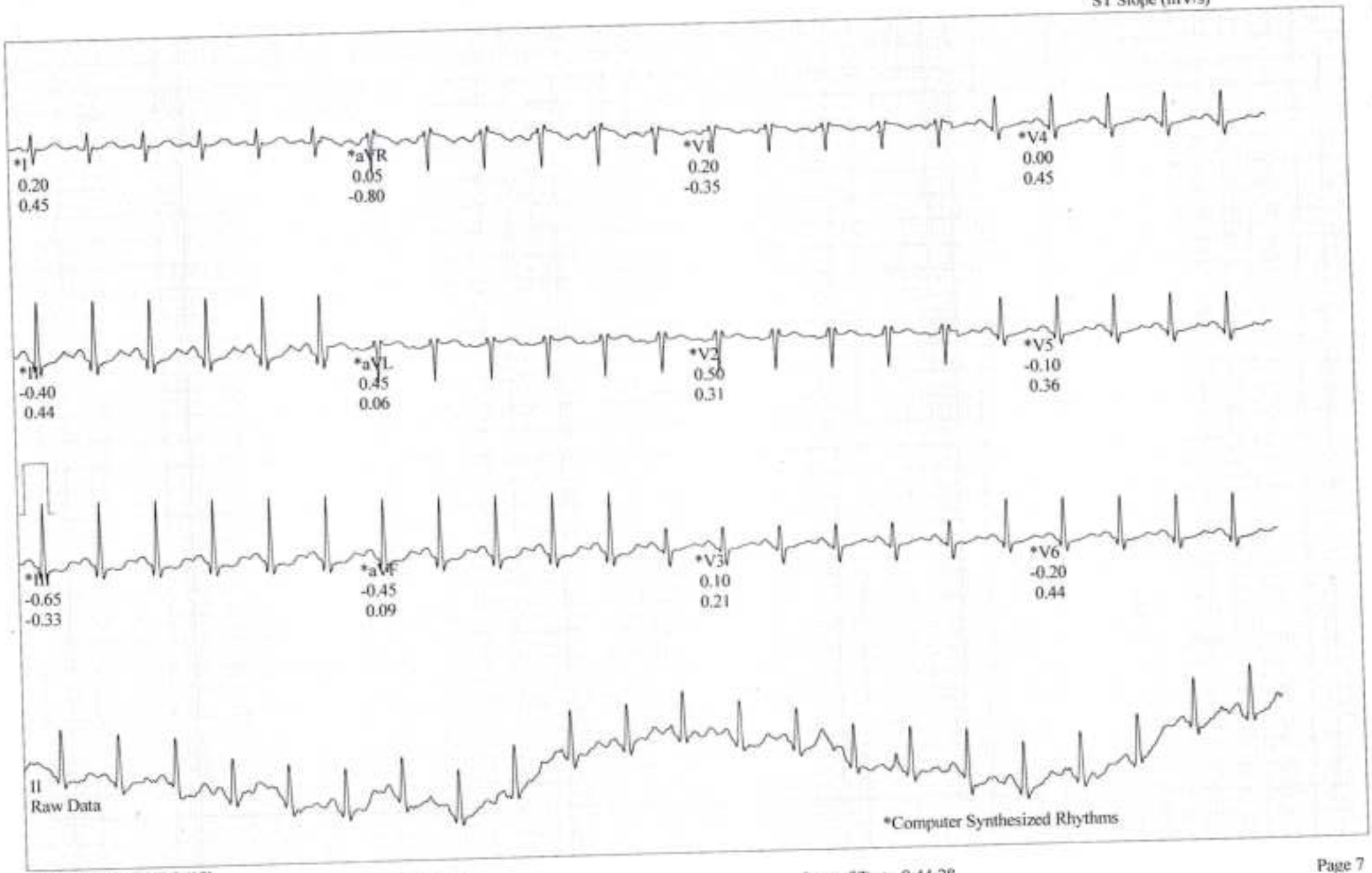
MRS.G.SUDHARANI,
Patient ID: MED111826385
09/09/2023 Female
9:50:35 46 yrs Indian

134 bpm
130/90 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

Lead
ST Level (mm)
ST Slope (mV/s)




GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF- HR(II,V2)

Start of Test: 9:44:28

MEDALL HEALTHCARE PVT LTD

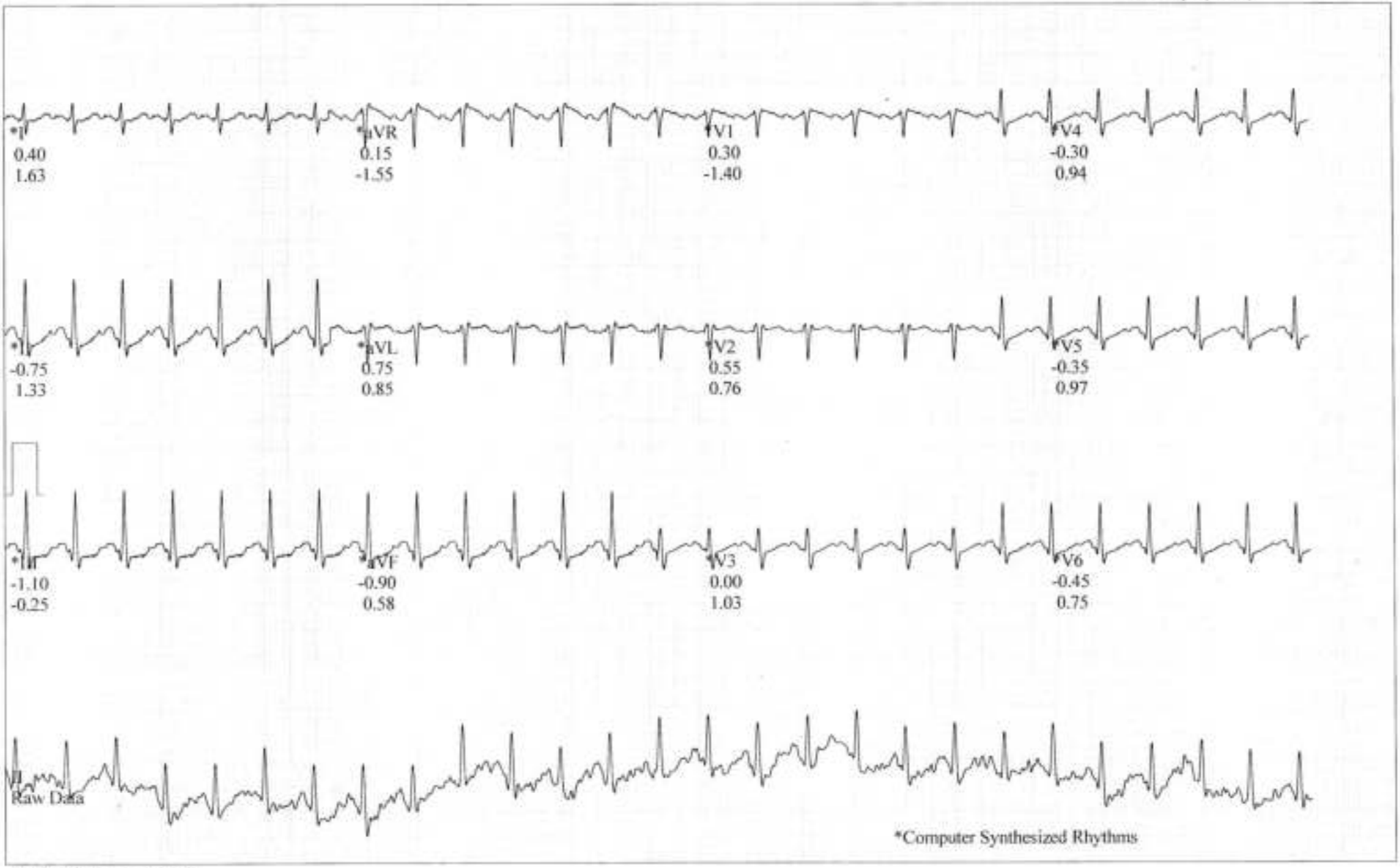
**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:53:35 46 yrs Indian

160 bpm
140/90 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.4 km/h
14.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



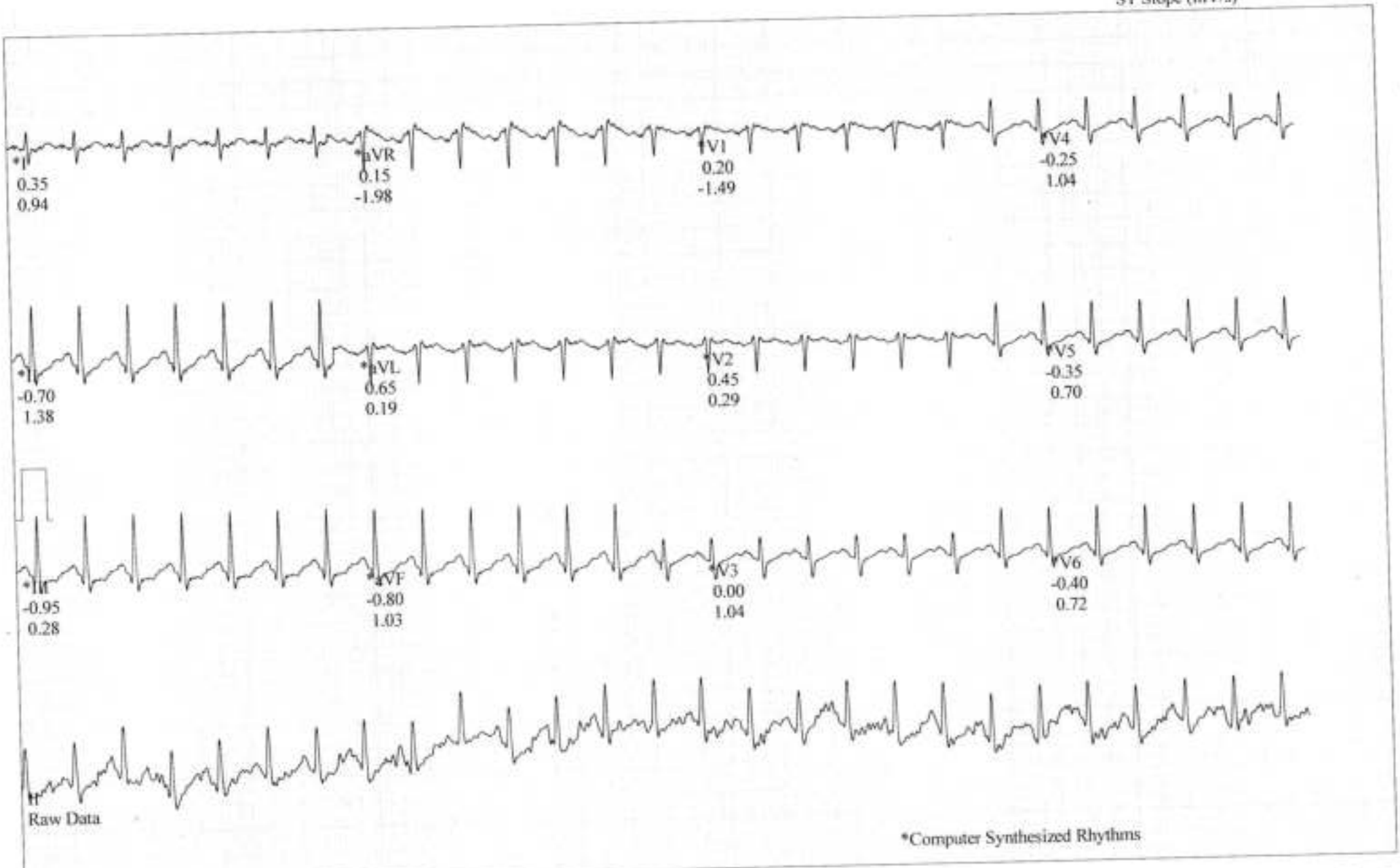
**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:53:43 46 yrs Indian

160 bpm
140/90 mmHg

EXERCISE
STAGE 4
09:01

BRUCE
5.4 km/h
14.0 %

Lead
ST Level (mm)
ST Slope (mV/s)




*Computer Synthesized Rhythms

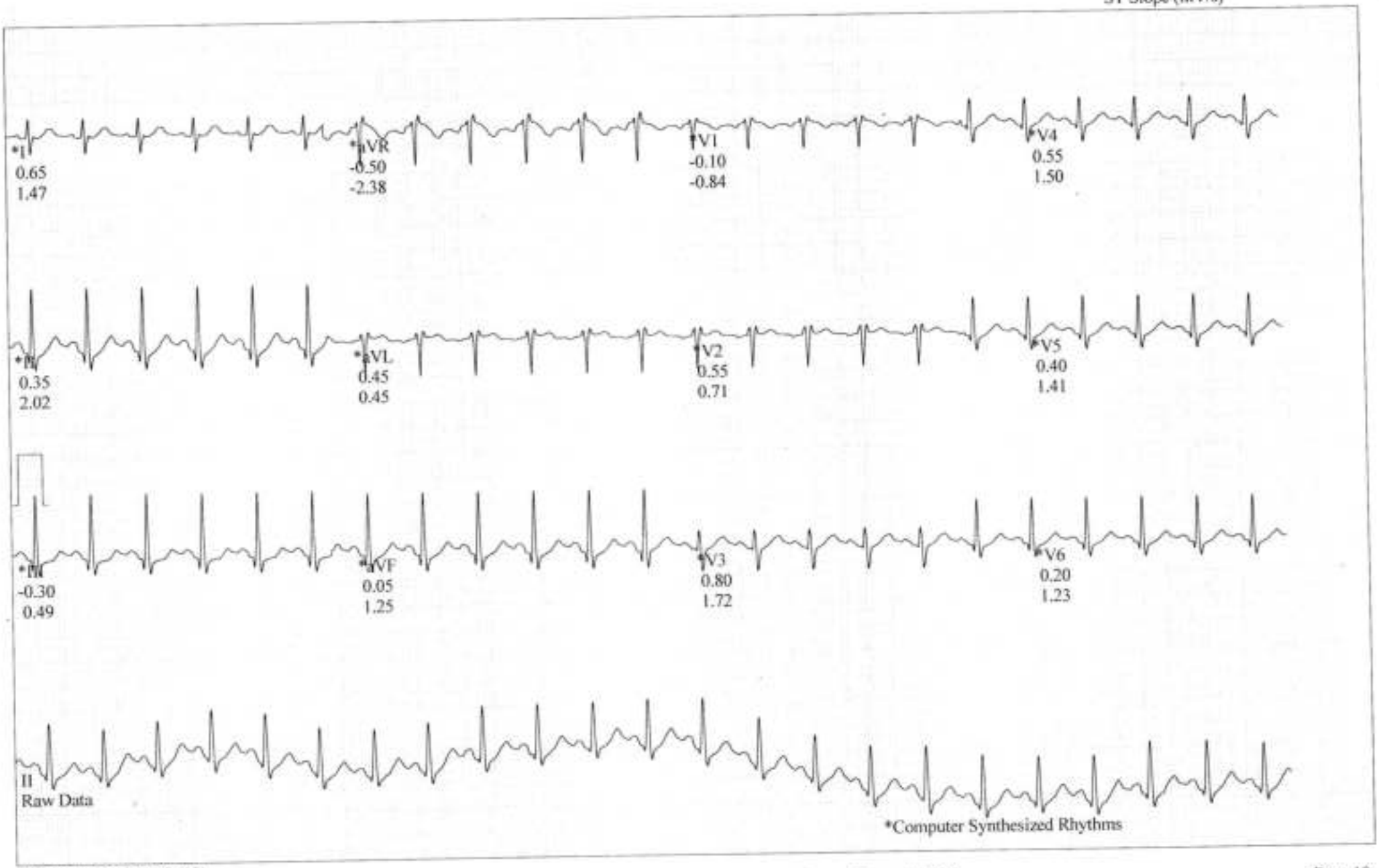
**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:54:34 46 yrs Indian

139 bpm

RECOVERY
#1
00:50

BRUCE
0.0 km/h
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



MEDALL HEALTHCARE PVT LTD

**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:55:34 46 yrs Indian

115 bpm

RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)

MEDALL HEALTHCARE PVT LTD

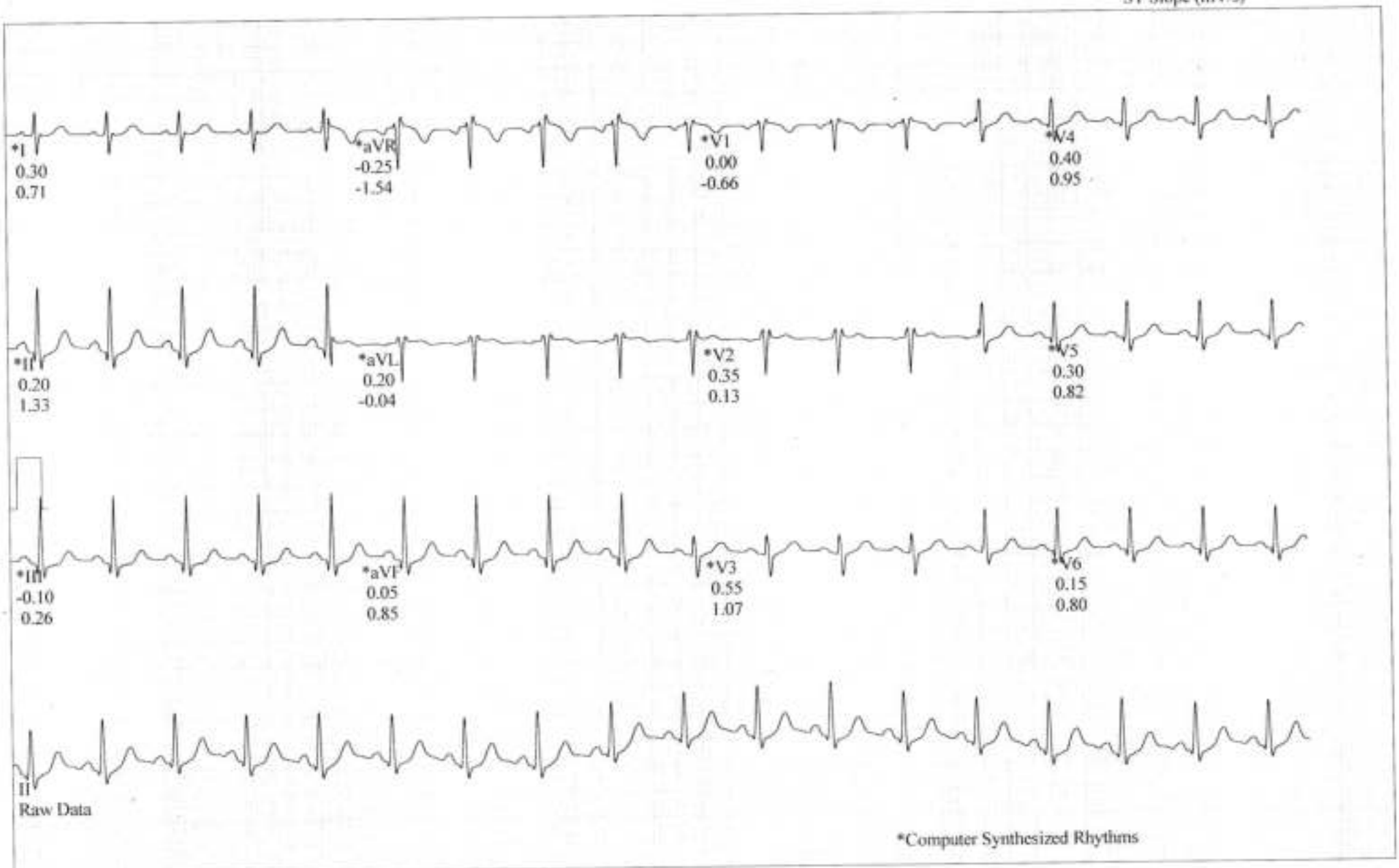
**MRS.G.SUDHARANI,**
Patient ID: MED111826385
09/09/2023 Female
9:56:34 46 yrs Indian

108 bpm
120/80 mmHg

RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



| | | | |
|---|---|---|---|
| **Name** | : **Mrs. GUDAPATI SUDHARANI** | | |
| **PID No.** | : MED111826385 | **Register On** | : 09/09/2023 8:05 AM |
| **SID No.** | : 80407450 | **Collection On** | : 09/09/2023 8:35 AM |
| **Age / Sex** | : 45 Year(s) / Female | **Report On** | : 11/09/2023 7:46 PM |
| **Type** | : OP | **Printed On** | : 13/09/2023 7:52 PM |
| **Ref. Dr** | : **MediWheel** | | |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| BLOOD GROUPING AND Rh TYPING<br>(Blood/*Agglutination)* | 'O' 'Positive' | | |
| ***Complete Blood Count With - ESR*** | | | |
| Haemoglobin<br>(Blood/*Spectrophotometry)* | **11.8** | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit<br>(Blood/*Numeric Integration of MCV)* | **36.5** | % | 37 - 47 |
| RBC Count<br>(Blood/*Electrical Impedance )* | 4.47 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV)<br>(Blood/*Calculated)* | 81.6 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH)<br>(Blood/*Calculated)* | **26.5** | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC)<br>(Blood/*Calculated)* | 32.4 | g/dL | 32 - 36 |
| RDW-CV<br>(*Calculated)* | 15.1 | % | 11.5 - 16.0 |
| RDW-SD<br>(*Calculated)* | 43.13 | fL | 39 - 46 |
| Total Leukocyte Count (TC)<br>(Blood/*Electrical Impedance )* | 8410 | cells/cu.mm | 4000 - 11000 |
| Neutrophils<br>(Blood/*Impedance and absorbance)* | 62.84 | % | 40 - 75 |
| Lymphocytes<br>(Blood/*Impedance and absorbance)* | 28.95 | % | 20 - 45 |
| Eosinophils<br>(Blood/*Impedance and absorbance)* | 1.61 | % | 01 - 06 |

CHINTHA SHIVAJI
Lab Manager

**VERIFIED BY**

Dr K . NEEHARIKA
MD PATHOLOGY
Reg No : 96545

**APPROVED BY**



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

| | | | |
|---|---|---|---|
| **Name** | : **Mrs. GUDAPATI SUDHARANI** | | |
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| **SID No.** | : 80407450 | **Collection On** | : 09/09/2023 8:35 AM |
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| **Ref. Dr** | : **MediWheel** | | |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Monocytes<br>(Blood/*Impedance and absorbance)* | 6.21 | % | 01 - 10 |
| Basophils<br>(Blood/*Impedance and absorbance)* | 0.40 | % | 00 - 02 |
| **INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count<br>(Blood/*Impedance and absorbance)* | 5.28 | 10^3 / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count<br>(Blood/*Impedance)* | 2.43 | 10^3 / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC)<br>(Blood/*Impedance)* | 0.14 | 10^3 / µl | 0.04 - 0.44 |
| Absolute Monocyte Count<br>(Blood/*Impedance)* | 0.52 | 10^3 / µl | < 1.0 |
| Absolute Basophil count<br>(Blood/*Impedance)* | 0.03 | 10^3 / µl | < 0.2 |
| Platelet Count<br>(Blood/*Impedance)* | 3.172 | lakh/cu.mm | 1.4 - 4.5 |
| **INTERPRETATION:** Platelet count less than 1.5 lakhs will be confirmed microscopically. | | | |
| MPV<br>(Blood/*Derived from Impedance)* | 8.66 | fL | 8.0 - 13.3 |
| PCT<br>(*Calculated)* | 0.27 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate)<br>(Blood/*Automated ESR analyser)* | **25** | mm/hr | < 20 |
| BUN / Creatinine Ratio | 7.4 | | |
| Glucose Fasting (FBS)<br>(Plasma - F/*Glucose oxidase/Peroxidase)* | 93 | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>Diabetic: >= 126 |

CHINTHA SHIVAJI
Lab Manager

**VERIFIED BY**

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MD PATHOLOGY
Reg No : 96545

**APPROVED BY**



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

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| **Ref. Dr** | : **MediWheel** | | |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **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)<br>(Urine - F*)* | Negative | | Negative |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/*GOD - POD)* | 137 | mg/dL | 70 - 140 |
| **INTERPRETATION:**<br>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)<br>(Urine - PP*)* | Negative | | Negative |
| Blood Urea Nitrogen (BUN)<br>(Serum/*Calculated)* | 8.0 | mg/dL | 7.0 - 21 |
| Creatinine<br>(Serum/*Jaffe ¯ Alkaline Picrate)* | 1 | mg/dL | 0.6 - 1.1 |
| Uric Acid<br>(Serum/*Uricase/Peroxidase)* | 3.7 | mg/dL | 2.6 - 6.0 |
| ***Liver Function Test*** | | | |
| Bilirubin(Total)<br>(Serum/*Diazotized Sulphanilic acid)* | 0.3 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct)<br>(Serum/*Diazotized Sulphanilic acid )* | 0.1 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect)<br>(Serum/*Calculated)* | 0.20 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/*IFCC without P-5-P)* | 12 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/*IFCC without P-5-P)* | 14 | U/L | 5 - 41 |

CHINTHA SHIVAJI
Lab Manager

**VERIFIED BY**

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Reg No : 96545

**APPROVED BY**



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

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| **Ref. Dr** | : **MediWheel** | | |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Alkaline Phosphatase (SAP)<br>(Serum/*IFCC AMP Buffer)* | 85 | U/L | 42 - 98 |
| Total Protein<br>(Serum/*Biuret)* | 7.3 | gm/dl | 6.0 - 8.0 |
| Albumin<br>(Serum/*Bromocresol green)* | 4 | gm/dl | 3.5 - 5.2 |
| Globulin<br>(Serum/*Calculated)* | 3.30 | gm/dL | 2.3 - 3.6 |
| A : G RATIO<br>(Serum/*Calculated)* | 1.21 | | 1.1 - 2.2 |
| **INTERPRETATION:** Enclosure : Graph | | | |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/*IFCC / Kinetic)* | 16 | U/L | < 38 |
| ***Lipid Profile*** | | | |
| Cholesterol Total<br>(Serum/*Cholesterol oxidase/Peroxidase)* | 197 | mg/dL | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240 |
| Triglycerides<br>(Serum/*Glycerol-phosphate oxidase/Peroxidase)* | 117 | mg/dL | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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<br>(Serum/*Immunoinhibition)* | **52** | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 50 - 59<br>High Risk: < 50 |

CHINTHA SHIVAJI
Lab Manager

**VERIFIED BY**

Dr K . NEEHARIKA
MD PATHOLOGY
Reg No : 96545

**APPROVED BY**



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

| | | | |
|---|---|---|---|
| **Name** | : **Mrs. GUDAPATI SUDHARANI** | | |
| **PID No.** | : MED111826385 | **Register On** | : 09/09/2023 8:05 AM |
| **SID No.** | : 80407450 | **Collection On** | : 09/09/2023 8:35 AM |
| **Age / Sex** | : 45 Year(s) / Female | **Report On** | : 11/09/2023 7:46 PM |
| **Type** | : OP | **Printed On** | : 13/09/2023 7:52 PM |
| **Ref. Dr** | : **MediWheel** | | |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| LDL Cholesterol<br>(Serum/*Calculated*) | **121.6** | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190 |
| VLDL Cholesterol<br>(Serum/*Calculated*) | 23.4 | mg/dL | < 30 |
| Non HDL Cholesterol<br>(Serum/*Calculated*) | 145.0 | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>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<br>(Serum/*Calculated*) | 3.8 | | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL)<br>(Serum/*Calculated*) | 2.3 | | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio<br>(Serum/*Calculated*) | 2.3 | | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |

***Glycosylated Haemoglobin (HbA1c)***

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| HbA1C<br>(Whole Blood/*HPLC-Ion exchange)* | 5.4 | % | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>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<br>(Whole Blood) | 108.28 | 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.

***THYROID PROFILE / TFT***

| | | | |
|---|---|---|---|
| T3 (Triiodothyronine) - Total<br>(Serum/*Chemiluminescent Immunometric Assay (CLIA))* | 1.30 | 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 (Thyroxine) - Total<br>(Serum/*Chemiluminescent Immunometric Assay (CLIA))* | 11.22 | 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)<br>(Serum/*Chemiluminescence)* | 5.03 | µIU/mL | 0.35 - 5.50 |

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|

**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.

***Urine Analysis - Routine***

| | | |
|---|---|---|
| Others<br>(Urine/*Microscopy)* | Nil | |

**INTERPRETATION:** Note: Done with Automated Urine Analyser & microscopy

***Physical Examination(Urine Routine)***

| | | |
|---|---|---|
| Colour<br>(Urine/*Physical examination)* | Pale straw | Yellow to Amber |
| Appearance<br>(Urine/*Physical examination)* | clear | Clear |

***Chemical Examination(Urine Routine)***

| | | |
|---|---|---|
| Protein<br>(Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method )* | Negative | Negative |
| Glucose<br>(Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict˘s semi quantitative method.)* | Negative | Negative |

***Microscopic Examination(Urine Routine)***

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Pus Cells<br>(Urine/*Microscopy exam of urine sediment)* | 2-3 | /hpf | 0 - 5 |
| Epithelial Cells<br>(Urine/*Microscopy exam of urine sediment)* | **5-7** | /hpf | NIL |
| RBCs<br>(Urine/*Microscopy exam of urine sediment)* | Nil | /hpf | 0 - 5 |

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Lab Manager

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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 )

**Spcimen No: Cy 2584/2023**

**Specimen:** Pap smear, Conventional

Received 2 slides labelled as Cx: 86/23
**MICROSCOPIC FINDINGS**:
**ADEQUACY:** Satisfactory.

PREDOMINANT CELLS: Superficial and intermediate cells.
**BACKGROUND:** Neutrophils.
**ORGANISMS:** No specific organisms.

**IMPRESSION:**

**Inflammatory smear.**

**Negative for intraepithelial lesion/ malignancy.**`

Dr Vidhyalakshmi R
MD Pathology
Reg No: 107562

| | | | |
|---|---|---|---|
| Name | Mrs. GUDAPATI SUDHARANI | Customer ID | MED111826385 |
| Age & Gender | 45Y/F | Visit Date | Sep 9 2023 8:05AM |
| Ref Doctor | MediWheel | | |

## ULTRASOUND WHOLE ABDOMEN

**Liver :** **Mildly enlarged in size (16.1 cm) and 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 9.9 cm, in size with normal echotexture.

Right kidney : Measured 10.5 x 4.8 cm in size.

Left kidney : Measured 11.6 x 5.0 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 : Normal in volume and wall thickness.
No e/o intraluminal calculi / masses seen.

**Uterus :** **Measured 8.6 x 5.5 x 6.1 cm, enlarged in size with normal myometrial and endometrial echotexture.**
**Endometrial echo measured 8 mm.**

**Right ovary :** **Measured 2.8 x 1.8 cm, normal in size and appearance.**
**Left ovary :** **Measured 4.1 x 2.9 cm in size.**
**Thin walled simple cyst of 3 cm in diameter is noted within left ovary.**

No e/o ascites / pleural effusion seen.

No e/o detectable bowel pathology seen.

**IMPRESSION :**

| | | | |
|---|---|---|---|
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- **Mild hepatomegaly with grade I steatosis – *To correlate with LFT.***
- **Bulky uterus with normal myometrial echotexture.**
- **Thin walled simple cyst within left ovary – *possibly physiological.***

***- For clinical correlation.***

**Dr.Jahnavi Barla ,MD (RD)**

**Consultant Radiologist**

| | | | |
|---|---|---|---|
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## MAMMOGRAPHY OF BOTH BREASTS

**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.

**Few subcentimetric ovoid discrete lymph nodes are noted in bilateral axillae.**

Screening sonomammography revealed no 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%<br>A. Low suspicious for malignancy<br>B. Intermediate probability for malignancy | Recommended biopsy. |

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| | | |
|---|---|---|
| | C. Moderate concern for malignancy | |
| BIRADS –V | Highly suggestive of malignancy > = 95% | Recommended biopsy intervention required |
| BIRADS –VI | Proven malignancy | Intervention required |

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## RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

**IMPRESSION :**

- **Essentially normal study.**

***- For clinical correlation.***

**Dr.Jahnavi Barla ,MD (RD)**

**Consultant Radiologist**