

13/1



Name	MRS.RADHA J			
Age & Gender		ID	MED121503127	
Age & Gender 40Y/FEMALE	Visit Date	25/11/2022		
Ref Doctor	MediWheel		25/11/2022	

# MASTER HEALTH CHECK UP SUMMARY

Height:	148 cm	Weight:	77.01
	26.5	weight.	77.9 kg

# PRESENT HISTORY:

· Nil.

# GENERAL EXAMINATION → P.I.C.C.L.E:

Pulse: 80/min

**BP:** 140/90 mmHg

Respiratory Rate: 18/min

Temp: Normal

Others: Nil

# SYSTEMIC EXAMINATION:

CVS: S1S2+

RS: B/L NVBS

CNS: NFND

P/A:

Soft, No palpable mass, No tenderness BS +.

# **INVESTIGATIONS:**

#### ECG:

· Normal ECG.

#### X-RAY:

Essentially normal study.

# ULTRASOUND ABDOMEN:

- Grade I fatty liver.
- Gallbladder shows lesion probably polyp.
  - -- For clinical correlation.





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#### TMT:

Negative.

#### PAP SMEAR:

Negative for intraepithelial lesion/ malignancy.

### MAMMOGRAM:

- ACR Type B parenchyma.
- Benign micro calcifications BIRADS II.
- Bilateral Axillary Lymphadenopathy.
  - Suggested USG Correlation.
  - Suggested annual review scans ACR guidelines.

### LAB REPORTS:

- Fasting and PP glucose levels high.
- HbA1c high.

## **EYE SCREENING:**

Vision	R/E	L/E
Distant Vision with glasses	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Myopia - corrected.

### ADVISED:

- Advised Diabetologist opinion.
- Gastroenterologist opinion for Gallbladder polyp.
- Advised Gynaecologist opinion for bilateral axillary nodes enlargement.

DR.GOMATHY.S M.B.B.S, D.M.C.H

Consultant General Physician

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: Mrs. RADHA J

PID No.

: MED121503127

: 40 Year(s) / Female

SID No.

: 602211032

Age / Sex

Ref. Dr

: MediWheel

Register On

: 25/11/2022 11:34 AM

Collection On : 25/11/2022 11:57 AM

Report On

: 26/11/2022 2:22 PM

**Printed On** 

: 26/11/2022 4:20 PM

Type

: OP

Investigation

**Observed Value** 

Unit

**Biological Reference Interval** 

**IMMUNOHAEMATOLOGY** 

BLOOD GROUPING AND Rh TYPING (Blood

'O' 'Positive'

/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

If Rh Variant

When Reciepient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

## <u>HAEMATOLOGY</u>

Complete Blood Count	With - ESR
----------------------	------------

Unamariable (Discuss			
Haemoglobin (Blood/Spectrophotometry)	12.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	38.4	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.62	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	83.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.2	рд	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.4	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	13.6	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	39.60	fL	
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7360	cells/cu.mm	39 - 46 4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	47.1	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	38.3	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	7.3	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.9	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02

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

more coopically.			
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.47	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.82	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.54	10^3 / µl	0.04 - 0.44



The results pertain to sample tested.

Dr.E.Saravanan M.D(Path) Consultant Pathologist Reg No: 73347





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Investigation	Observed Value	Unit	<b>Biological Reference Interval</b>
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.51	10^3 / µl	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10^3 / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	291	10^3 / µl	150 - 450
MPV (Blood/Derived from Impedance)	9.1	fL	8.0 - 13.3
PCT (Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	19	mm/hr	< 20
BIOCHEMISTRY			
BUN / Creatinine Ratio	12.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	142.2	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)

170.6

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)		Positive(+)		Negative	
	Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.0	mg/dL	7.0 - 21	
	Creatinine (Serum/Modified Jaffe)	0.82	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

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Uric Acid (Serum/Enzymatic)	3.7	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0



avanan M.D(Path) Consultant Pathologist Reg No: 73347

The results pertain to sample tested.

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Investigation	Observed Value	Unit	<b>Biological Reference Interval</b>
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22.0	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	72.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.26	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.03	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.23	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.25		1.1 - 2.2
Lipid Profile			2 11 1 2000
Cholesterol Total (Serum/CHOD-PAP with ATCS)	187.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	201.0	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. Optimal(Negative Risk Factor): >= 60

HDL Cholesterol (Serum/Immunoinhibition)	49.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	97.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VI DI Cholesterol (Serum/Calculated)	40.2	mg/dL	< 30

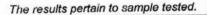
VLDL Cholesterol (Serum Calculated)			
Non HDL Cholesterol (Serum/Calculated)	137.7	mg/dL	Optimal: < 130

imal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very High: >= 220



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**Biological Reference Interval** 

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)

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)

4.1

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/

Calculated)

2

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0

High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)

7.7

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)

174.29

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.

#### **IMMUNOASSAY**

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay 0.93

ng/mL

0.7 - 2.04

(CLIA))

#### INTERPRETATION:

Comment:

(CLIA))

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/ Chemiluminescent Immunometric Assay

µg/dL

4.2 - 12.0

Reg No : 13-480

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Type

OP

Investigation

Observed Value

1.43

Unit

**Biological Reference Interval** 

INTERPRETATION:

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

µIU/mL

0.35 - 5.50

/Chemiluminescent Immunometric Assay (CLIA))

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)

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and

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.

# CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine)

Pale yellow

Yellow to Amber

APPEARANCE (Urine)

Clear

Clear

Protein (Urine/Protein error of indicator)

Negative

Negative

Glucose (Urine/GOD - POD)

Negative

Negative NIL

Pus Cells (Urine/Automated - Flow cytometry

Occasional Occasional /hpf /hpf

NIL

Epithelial Cells (Urine/Automated - Flow cytometry)

NIL

/hpf

NIL

RBCs (Urine/Automated - Flow cytometry ) Casts (Urine/Automated - Flow cytometry )

NIL

/hpf

/hpf

NIL

Crystals (Urine/Automated - Flow cytometry )

NIL

NIL

Others (Urine)

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

-- End of Report



Page 5 of 6

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aravanan M.D(Path) Consultant Pathologist

Reg No: 73347

#### MEDALL DIAGNOSTICS T NAGAR CHENNAI.

**Patient Details** 

Date: 25-Nov-22

Time: 1:04:23 PM

Name: MRS RADHA J ID: MED121503127

Age: 40 y

Sex: F

Height: 148 cms

Weight: 77 Kgs

**Clinical History:** 

**Medications:** 

#### **Test Details**

Protocol: Bruce

Pr.MHR: 180 bpm

THR: 162 (90 % of Pr.MHR) bpm

Total Exec. Time:

7 m 59 s

Max. HR: 172 (96% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 170 / 100 mmHg

Max. BP x HR: 29240 mmHg/min

Min. BP x HR: 6840 mmHg/min

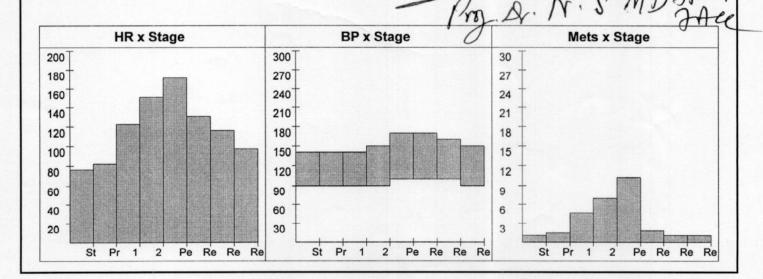
**Test Termination Criteria:** 

**ACHIEVED THR** 

#### **Protocol Details**

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Standing	0:23	1.0	0	0	76	140 / 90	-0.21 aVR	0.71 II
1	3:0	4.6	1.7	10	123	140 / 90	-0.64 V4	1.42 II
2	3:0	7.0	2.5	12	151	150 / 90	-0.64 I	1.77
Peak Ex	1:59	10.2	3.4	14	172	170 / 100	-0.64 aVR	2.83 II
Recovery(1)	1:0	1.8	1	0	131	170 / 100	-1.27 aVR	3.54 II
Recovery(2)	1:10	1.0	0	0	116	160 / 100	-1.06 aVR	3.18 II
Recovery(3)	1:2	1.0	0	0	97	150 / 90	-0.64 aVR	1.77 II

Volle done 10.2 Met Negaline for Ingliable Ischaanis Out aufkuns. Hypertensone Response



Exec Time: 0 m 0 s Stage Time: 0 m 17 s HR: 69 bpm Test Report

ID: MED121503127 Date: 25-Nov-22

MRS RADHA J (40 F)

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec Protocol: Bruce 0.0 0.2 ST Level (mm) 0.0 0.4 0.0 0.0 0.4 ST Slope (mV/s) aVF aVL aVR = Filter: 35 Hz Stage: Standing Mains Filt: ON Amp: 10 mm Speed: 0 mph Iso = R - 60 ms Grade: 0 % J=R+60 ms Linked Median (THR: 162 bpm) Post J = J + 60 ms8 ST Level (mm) **≤** 8 5 \$ **5**3 **\$** B.P: 140 / 90 0.0 0.0 0.0 0.0 0.0 0.4 0.4 0.4 0.0 0.0 0.0 0.0

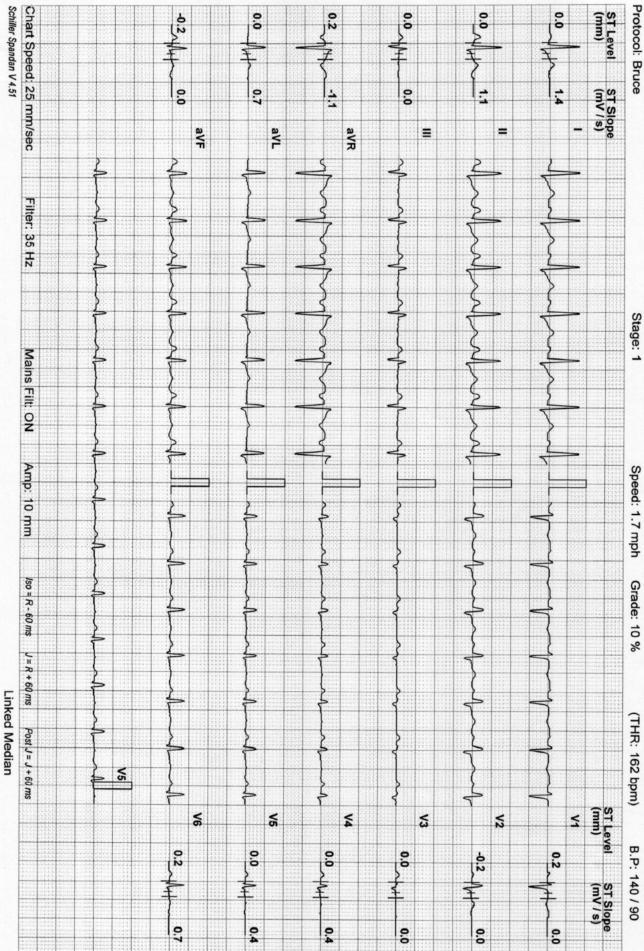
Test Report

ID: MED121503127

MRS RADHA J (40 F)

Date: 25-Nov-22

Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 120 bpm



MRS RADHA J (40 F) ID: MED121503127 MEDALL DIAGNOSTICS T NAGAR CHENNAI. Date: 25-Nov-22 Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 153 bpm Test Report

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec Protocol: Bruce ST Level (mm) 0.0 0.4 ST Slope (mV/s) -1.4 0.7 : aVF aVL aVR = = Filter: 35 Hz Stage: 2 Mains Filt: ON Amp: 10 mm Speed: 2.5 mph Iso = R - 60 ms Grade: 12 % J = R + 60 ms Linked Median (THR: 162 bpm) Post  $J = J + 60 \, ms$ 5 ST Level (mm) 6 **√**5 \$ ≤ 5 **5**2 B.P: 150 / 90 0.0 -0.2 0.2 0.0 ST Slope (mV/s) 0.7 = 0.7

Protocol: Bruce MRS RADHA J (40 F) Stage: Peak Ex ID: MED121503127 MEDALL DIAGNOSTICS T NAGAR CHENNAI. Date: 25-Nov-22 Speed: 3.4 mph Exec Time: 7 m 53 s Stage Time: 1 m 53 s HR: 172 bpm Grade: 14 % (THR: 162 bpm) Test Report

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec 0.2 -0.4 ST Level (mm) 0.0 8 ST Slope (mV/s) 2.5 : aVF aVL aVR = = Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J=R+60 ms Linked Median Post  $J = J + 60 \, \text{ms}$ 5 8 ٧5 \$ ST Level (mm) 53 **Y**2 5 0.0 0.0 0.0 B.P: 170 / 100 0.4 ST Slope (mV/s) = = 1 0.7 0.0

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec -0.8 X Protocol: Bruce ST Level (mm) MRS RADHA J (40 F) 0.0 ST Slope (mV/s) aVF aVL aVR = Filter: 35 Hz Stage: Recovery(1) ID: MED121503127 MEDALL DIAGNOSTICS T NAGAR CHENNAI. Mains Filt: ON Amp: 10 mm Speed: 1 mph Date: 25-Nov-22 Iso = R - 60 ms Exec Time: 7 m 59 s Stage Time: 0 m 54 s HR: 131 bpm Grade: 0 % J=R+60 ms Linked Median Post J = J + 60 ms (THR: 162 bpm) 5 8 **5** ST Level (mm) \$ 5 **≤ Y2** 0.4 0.6 B.P: 170 / 100 0.0 Test Report ST Slope (mV/s) 1.4 : -0.4

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec 0.0 -0.4 Protocol: Bruce ST Level (mm) MRS RADHA J (40 F) 0.0 ST Slope (mV/s) 0.7 aVF aVL aVR = = Filter: 35 Hz Stage: Recovery(2) ID: MED121503127 MEDALL DIAGNOSTICS T NAGAR CHENNAI. Mains Filt: ON Amp: 10 mm Speed: 0 mph Date: 25-Nov-22 Exec Time: 7 m 59 s Stage Time: 1 m 4 s HR: 117 bpm Iso = R - 60 ms J = R + 60 ms Grade: 0 % Linked Median Post  $J = J + 60 \, ms$ (THR: 162 bpm) 5 8 8 \$ ST Level (mm) 5 **5**2 ≤ 0.4 B.P: 160 / 100 0.2 Test Report 0.7 0.7 0.0

MRS RADHA J (40 F) ID: MED121503127 MEDALL DIAGNOSTICS T NAGAR CHENNAI. Date: 25-Nov-22 Exec Time: 7 m 59 s Stage Time: 0 m 56 s HR: 100 bpm Test Report

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec Protocol: Bruce 0.0 ST Level (mm) 0.0 0.0 ST Slope (mV/s) 0.4 0.7 0.4 aVF aVL aVR = = Filter: 35 Hz Stage: Recovery(3) Mains Filt ON Amp: 10 mm Speed: 0 mph Grade: 0 % Linked Median (THR: 162 bpm) 8 ST Level **5** 8 **5** \$ **5**3 **\**2 B.P: 150 / 90 0.0 0.0 0.0 0.2 0.2 ST Slope (mV/s) 944 0.7 0.4 0.4 0.4 0.4 0.0



Name	RADHA J	Customer ID	MED121503127
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Ref Doctor	MediWheel	direction but to a parameter	o loteron setron-suit bor likes des

### 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.B.C.SRIDHAR, DMRD, DNB CONSULTANT RADIOLOGIST





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	40Y/FEMALE	Visit Date	25/11/2022
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#### SONOGRAM REPORT

#### WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes.

The gall bladder is normal sized and shows a lesion measuring 5-6 mm in the lumen – probably polyp. No abnormal wall thickening.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

The right kidney measures 9.0 x 4.8 cm.

The left kidney measures 10.6 x 4.1 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.





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Age & Gender	40Y/FEMALE	Visit Date	not be limited by the section in
Ref Doctor	MediWheel		Street (Selfs XIII Selfs )

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

The uterus is anteverted, and measures  $8.4 \times 3.4 \times 3.5$  cm.

The endometrial thickness is 11 mm.

The right ovary measures 2.7 x 1.8 cm.

The left ovary measures 2.5 x 2.2 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

# IMPRESSION:

- Grade I fatty liver.
- Gallbladder shows lesion probably polyp.
  - For clinical correlation.

De Calherre Dr. Catherine

Consultant Sonologist.





# Medall Healthcare Pvt Ltd No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar

			MED121503127
	MRS.RADHA J	ID	
Name	40Y/FEMALE	Visit Date	25/11/2022
Age & Gender	MediWheel	AND THE PARKS OF THE PARKS	



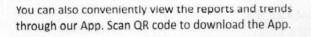




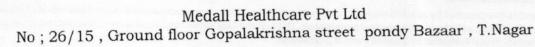






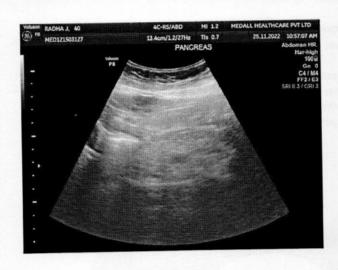




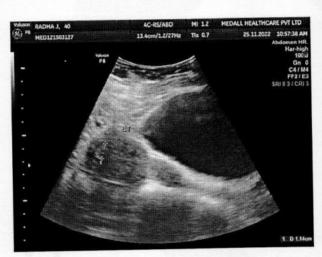




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Age & Gender	40Y/FEMALE	Visit Date	25/11/2022
Pof Doctor	MediWheel		THE RESIDENCE OF THE PARTY OF T













: Mrs. RADHA J

Register On

: 25/11/2022 11:34 AM

PID No.

: MED121503127

Collection On

: 25/11/2022 11:57 AM

SID No.

: 602211032

Report On

: 26/11/2022 4:39 PM

Age / Sex : 40 Year(s) / Female

**Printed On** 

: 28/11/2022 10:26 AM

Ref. Dr

: MediWheel

OP / IP : OP

PAP Smear by LBC( Liquid based Cytology )

**SPECIMEN NO:** Cy 2584/2022

MICROSCOPIC FINDINGS:

ADEQUACY: Satisfactory.

PREDOMINANT CELLS: Superficial and intermediate cells.

BACKGROUND: Clean.

ORGANISMS: No specific organisms.

**IMPRESSION:** 

Negative for intraepithelial lesion/ malignancy.

DR. R. NIRANJANI, MD , Pathologist Reg No : C00846

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 1 of 1

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA, CHENNAI.







Name	MRS.RADHA J (40Y/FEMALE)	ID	MED121503127
Age & Gender	40Y/F	Visit Date	25 Nov 2022 14:43:59:700
Ref Doctor Name	MediWheel		entropy at the sea

#### MAMMOGRAPHY

#### REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty with fibroglandular densities (ACR Type B parenchyma).

Few benign, round, microcalcifications noted in the right breast.

No breast asymmetry noted.

No intramammary ductal dilatation identified.

No obvious spiculation or architectural distortion noted.

There is no evidence of mass lesion in both breasts.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axillae show prominent lymph nodes, the largest measuring 1.4 cm in the left and 1.1 cm in the right. Fatty hilum could not be appreciated.

#### IMPRESSION:

- ACR Type B parenchyma.
- Benign microcalcifications- BIRADS II.
- Bilateral Axillary Lymphadenopathy.
  - Suggested USG Correlation.
  - Suggested Annual Review Scans- ACR guidelines.

#### REPORT DISCLAIMER

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
  4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the
- 7. Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- Liability is limited to the extend of amount billed.
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- 11.Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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Name	MRS.RADHA J (40Y/FEMALE)	ID ID	MED121503127
Age & Gender	40Y/F	Visit Date	25 Nov 2022 14:43:59:700
Ref Doctor Name	MediWheel	in Laterta Pittel Standard I	Third or a purple



Dr Sharanya.S MD, DNB Radiologist

Category - (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b - Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

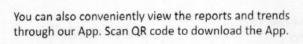
Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.

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