

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 18-Jun-2022 11:22 AM

Customer Name : **MRS.SHARLI GOSWAMI**DOB : **10 Oct 1990**Ref Dr Name : **MediWheel**Age : **31Y/FEMALE**Customer Id : **MED111168148**Visit ID : **712218485**

Email Id :

Phone No : **9073909454**Corp Name : **MediWheel**

Address :

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

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BUN/CREATININE RATIO				
2	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
3	LAB	BLOOD UREA NITROGEN (BUN)				
4	LAB	GLUCOSE - FASTING				
5	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
6	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	URIC ACID				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
14	LAB	STOOL ANALYSIS - ROUTINE				
15	LAB	URINE ROUTINE				

	B	CREATININE			
	OTHERS	physical examination	MYS2689918102651		
18	US	ULTRASOUND ABDOMEN	MYS2689918103462		
19	OTHERS	Treadmill / 2D Echo ^{done} Echo	MYS2689918127528		
20	OTHERS	EYE CHECKUP	MYS2689918135592		
21	X-RAY	X RAY CHEST	MYS2689918145199		
22	OTHERS	Consultation Physician	MYS2689918148004		
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2689918149333		

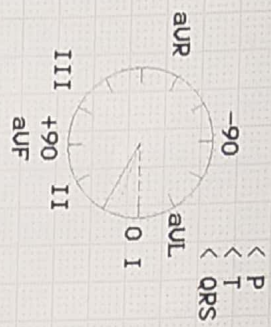
done

Ht - 163
 W - 62.1 Kg
 BP - 110/70 mmHg
 pulse - 65 bpm.
 H/d - 36 Inch
 waist - 29 Inch

Registered By
 (V.ANITHA)

AGE: 31
 Measurement Results:

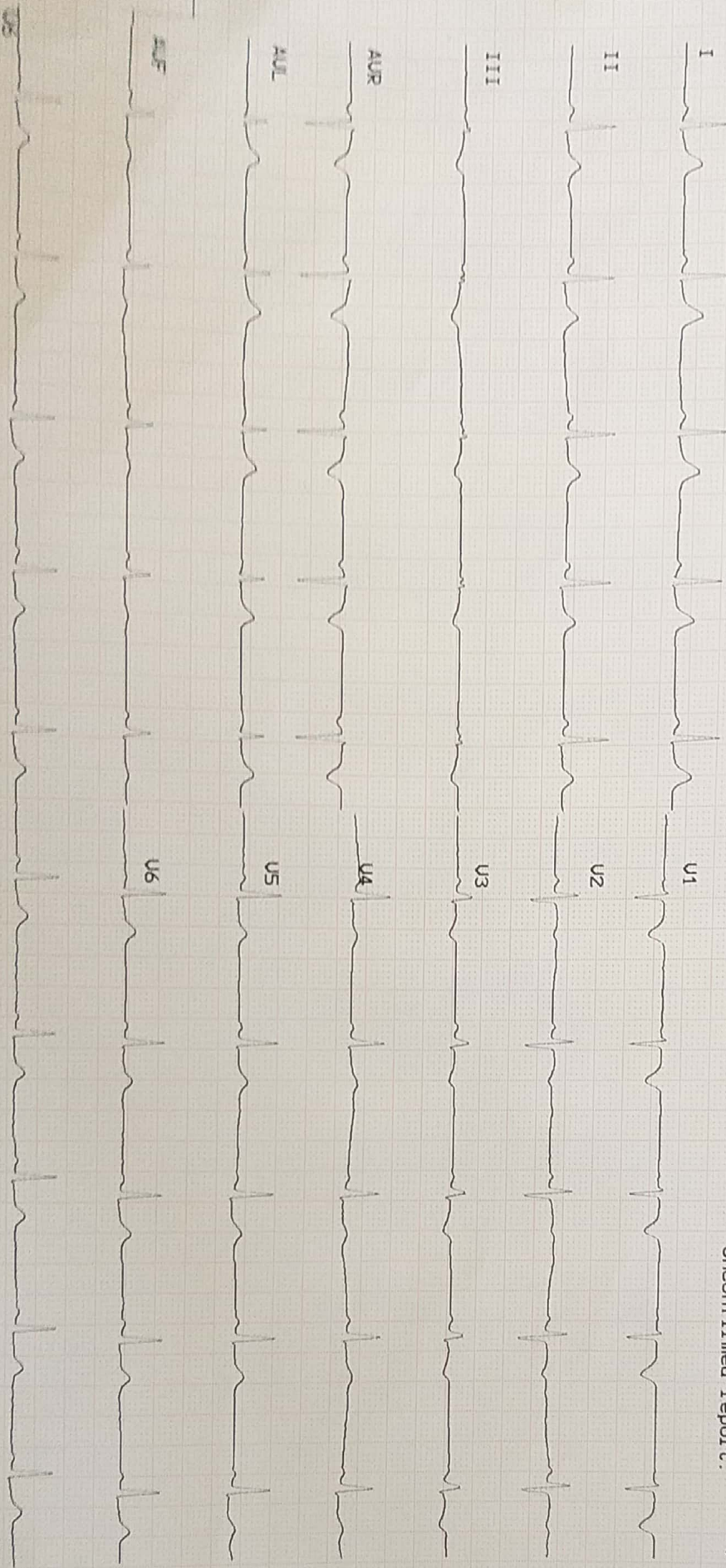
QRS	84 ms
QT/QTcB	388 / 392 ms
PR	108 ms
P	80 ms
RR/PP	982 / 985 ms
P/QRS/T	20 / 30 / 0 degrees
QTd/QTcBD	44 / 44 ms
Sokolow	1.1 mV
NK	8



Interpretation: Normal
 short PR interval
 negative T-wave (anterior)
 low QRS amplitudes
 probably abnormal ECG

*Normal bundle branch block
 Short PR
 T+ in ant leads (atypical)
 To clinically correlate*

Unconfirmed report.



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Age & Gender	31Y/FEMALE	Visit Date	18/06/2022
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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.

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	10.1	1.7
Left Kidney	10.2	1.7

URINARY BLADDER partially distended.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 6.8mms.
Uterus measures as follows: LS: 6.7cms AP: 4.2cms TS: 6.1cms.

OVARIES Right ovary is normal size, shape and echotexture measures: 2.5x2.2cms.
Left ovary not visualized.

POD & adnexa are free.


No evidence of ascites.

IMPRESSION:

➤ **ESSENTIALLY NORMAL STUDY.**

CONSULTANT RADIOLOGISTS

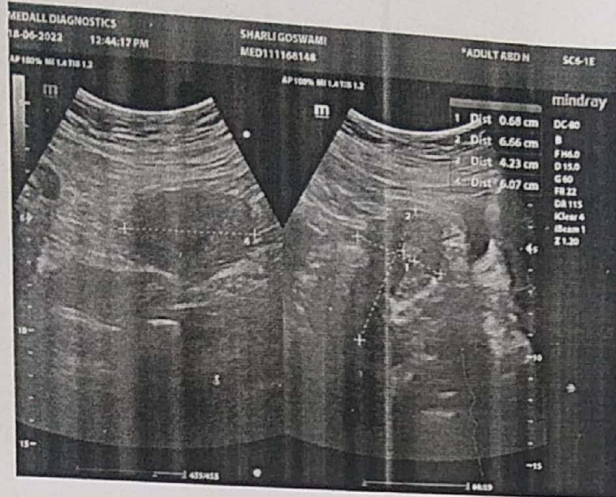
DR. ANITHA ADARSH
MB/SV


DR. MOHAN B

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



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Age & Gender	31Y/FEMALE	Visit Date	18/06/2022
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1215, CH12 & 1215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
Phone : 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in



medall
DIAGNOSTICS
experts who care

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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.4cms
LEFT ATRIUM	:	2.6cms
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
EDV	:	65ml
ESV	:	26ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	66%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: 'E' - 0.77m/s	'A' - 0.26 m/s	NO MR
AORTIC VALVE	: 1.05m/s		NO AR
TRICUSPID VALVE	: 'E' - 0.71m/s	'A' - 0.28 m/s	NO TR
PULMONARY VALVE	: 0.74m/s		NO PR

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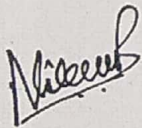
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2D ECHOCARDIOGRAPHY FINDINGS:

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 prolapsed.
Aortic valve	: Normal, Trileaflet.
Tricuspid valve	: Normal.
Pulmonary valve	: Normal.
IAS	: Intact.
IVS	: Intact.
Pericardium	: No pericardial effusion.

IMPRESSION:

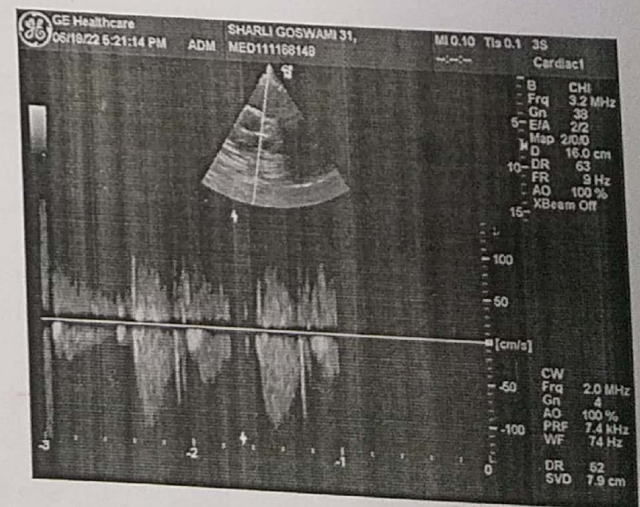
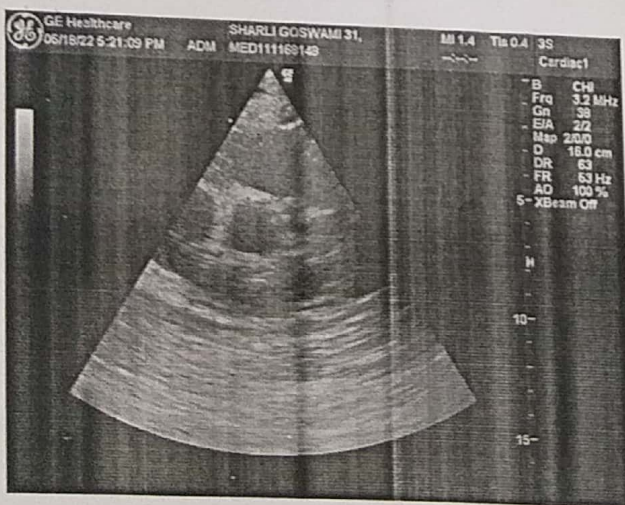
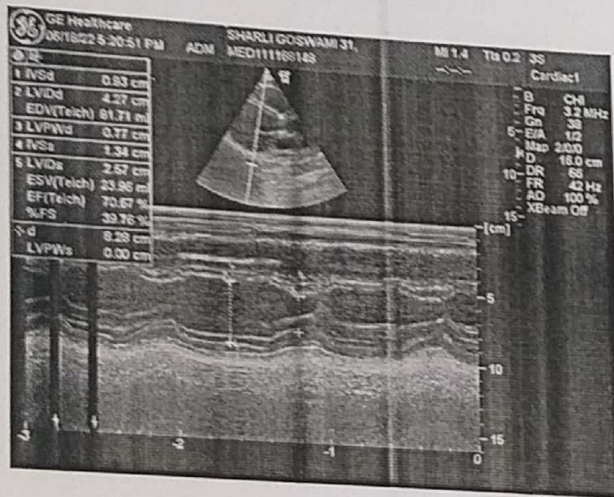
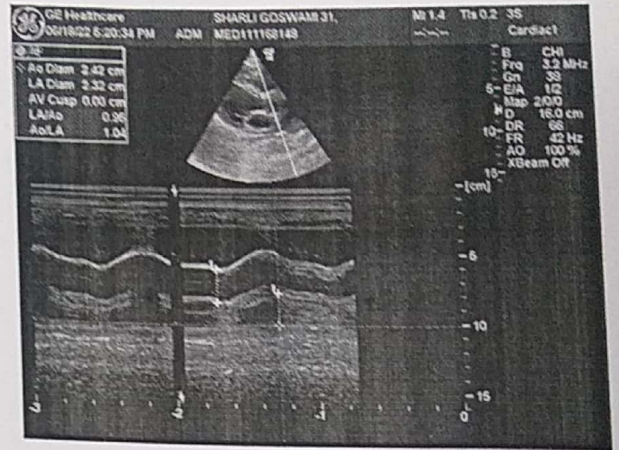
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF:66%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION/VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA

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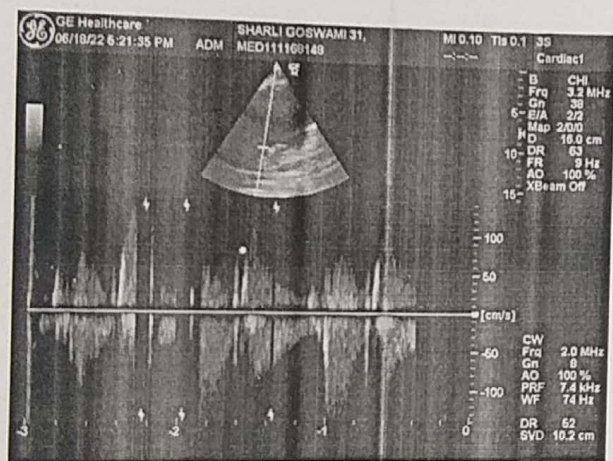
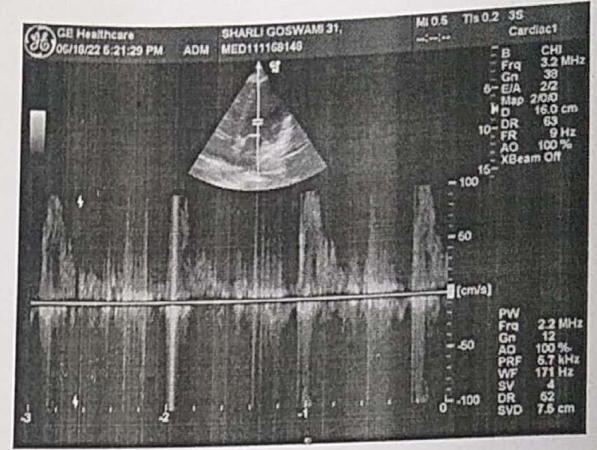


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2:10pm

NETHADHAMA

NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 16/6/21

Patient's Name: Mrs. Shaili Goswami

OP No. 1198898

31/F

2:00pm

Dr. Roopashree. C.R.
MBBS.MS, FPRS
Consultant-Phaco & Refractive
KMC No : 105152

for Medical certificate.

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16

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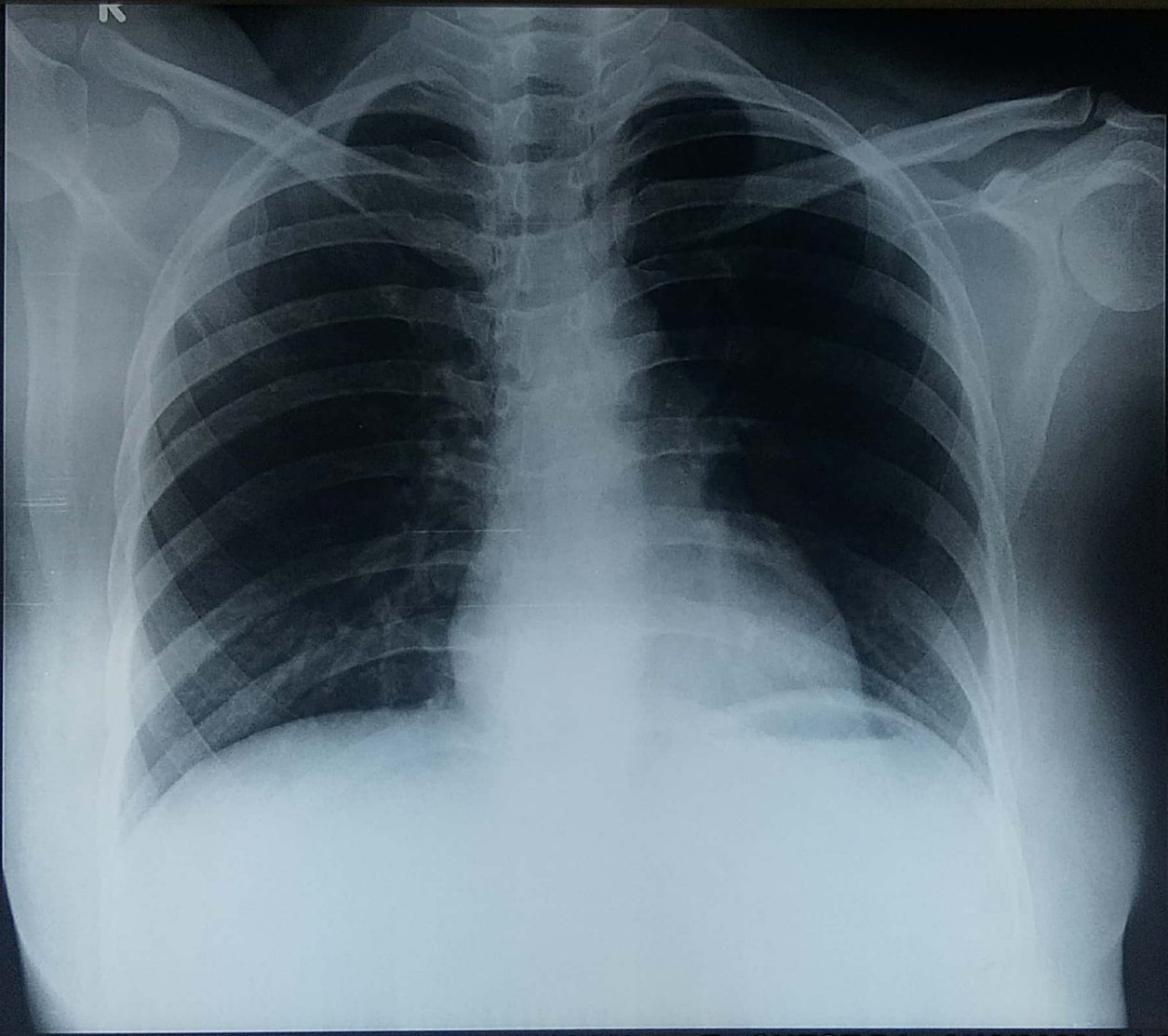
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AF
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Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918
Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609
Mysore Branch : 0821-4293000 Mobile : 94490 03771
Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389
Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R / FD / 07 / 13



SHARLI GOSWAMI 31 MED111168148 F CHEST PA 6/18/2022 01:25 PM
MEDALL CLUMAX DIAGNOSTIC

Name : Mrs. SHARLI GOSWAMI
PID No. : MED111168148
SID No. : 712218485
Age / Sex : 31 Year(s) / Female
Type : OP
Ref. Dr : MediWheel


Register On : 18/06/2022 11:22 AM
Collection On : 18/06/2022 12:24 PM
Report On : 18/06/2022 7:36 PM
Printed On : 20/06/2022 6:04 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	35.9	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	3.8	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.10	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.05	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.34	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)	148	10 ³ / µl	150 - 450
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	10	mm/hr	< 20


Mr. S. Mohan Kumar
Sr. Lab Technician

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MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	179	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	88	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)	53	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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Remark: Kindly correlate clinically.

LDL Cholesterol (Serum/Calculated)	108.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	17.6	mg/dL	< 30
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A. RAJESH
BIOCHEMIST

VERIFIED BY

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

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Non HDL Cholesterol (Serum/Calculated)	126.0	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.

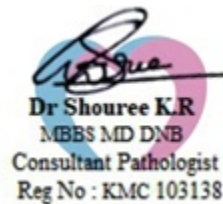
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.1	%	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 99.67 mg/dL
(Whole Blood)

INTERPRETATION: Comments

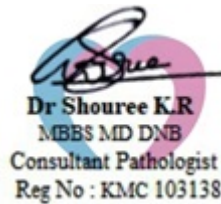
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.94	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/Chemiluminescent Immunometric Assay (CLIA))	7.92	Microg/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 Immunometric Assay (CLIA))	1.210	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/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Turbid		

CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.020		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)	Positive	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative


Mr. S. Mohan Kumar
Sr. Lab Technician

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Blood (Urine)	Nil		Nil
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)	15-20	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	10-12	/hpf	No ranges
Others (Urine)	Nil		Nil

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Investigation

Observed
Value

Unit


Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'AB' 'Positive'

Remark: Test to be confirmed by Gel Method



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 Printed On : 20/06/2022 6:04 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	11.87		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	77	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	82	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.

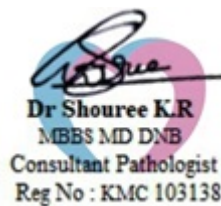
Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.6	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.6	mg/dL	0.6 - 1.1

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)	4.1	mg/dL	2.6 - 6.0
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VERIFIED BY



APPROVED BY

Name : Mrs. SHARLI GOSWAMI

PID No. : MED111168148

Register On : 18/06/2022 11:22 AM

SID No. : 712218485

Collection On : 18/06/2022 12:24 PM

Age / Sex : 31 Year(s) / Female

Report On : 18/06/2022 7:36 PM

Type : OP

Printed On : 20/06/2022 6:04 PM

Ref. Dr : MediWheel



-- End of Report --

Name	SHARLI GOSWAMI	ID	MED111168148
Age & Gender	31 Y/F	Visit Date	Jun 18 2022 11:22AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/



Dr. Anitha Adarsh
Consultant Radiologist