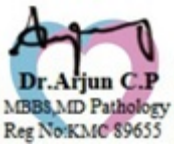


Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

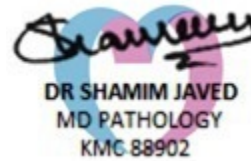
Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|---------------------------|--------------------------------------|
| Monocytes (EDTA Blood) | 6.83 | % | 01 - 10 |
| Basophils (Blood) | 0.19 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (EDTA Blood) | 2.46 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood) | 2.19 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood) | 0.42 | 10 ³ / μ l | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood) | 0.37 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (EDTA Blood) | 0.01 | 10 ³ / μ l | < 0.2 |
| Platelet Count (EDTA Blood) | 265.6 | 10 ³ / μ l | 150 - 450 |
| MPV (EDTA Blood) | 8.58 | fL | 8.0 - 13.3 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.23 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood) | 18 | mm/hr | < 20 |



VERIFIED BY




APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel


Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|--------------------------------------|
| <u>BIOCHEMISTRY</u> | | | |
| <u>Liver Function Test</u> | | | |
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.33 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.14 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.19 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 11.80 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 6.26 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 5.70 | U/L | < 38 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 64.4 | U/L | 42 - 98 |
| Total Protein (Serum/Biuret) | 7.68 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.36 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.32 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.31 | | 1.1 - 2.2 |


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel


Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM




| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 211.95 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 75.05 | 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) | 61.93 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
| LDL Cholesterol (Serum/Calculated) | 135 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 15 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 150.0 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

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 |
|---|-----|--|--|

| | | | |
|--|-----|--|--|
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 1.2 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
|--|-----|--|--|

| | | | |
|---|-----|--|---|
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 2.2 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |
|---|-----|--|---|


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|---|
| <u>Glycosylated Haemoglobin (HbA1c)</u> | | | |
| HbA1C (Whole Blood/HPLC) | 5.5 | % | 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 111.15 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.


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

IMMUNOASSAY

THYROID PROFILE / TFT

| | | | |
|--|-------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/ECLIA) | 0.944 | 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 (Tyroxine) - Total (Serum/ECLIA) | 6.82 | 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) (Serum/ECLIA) | 9.34 | µIU/mL | 0.35 - 5.50 |
|--|------|--------|-------------|

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.


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

| | | | |
|---------------------|-------------|--|-----------------|
| Colour (Urine) | Pale yellow | | Yellow to Amber |
| Appearance (Urine) | Clear | | Clear |
| Volume(CLU) (Urine) | 20 | | |

CHEMICAL EXAMINATION (URINE COMPLETE)

| | | | |
|--------------------------|----------|--|---------------|
| pH (Urine) | 7.0 | | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.006 | | 1.002 - 1.035 |
| Ketone (Urine) | Negative | | Negative |
| Urobilinogen (Urine) | Normal | | Normal |
| Blood (Urine) | Negative | | Negative |
| Nitrite (Urine) | Negative | | Negative |
| Bilirubin (Urine) | Negative | | Negative |
| Protein (Urine) | Negative | | Negative |


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|------------------------------|-----------------------|-------------|--------------------------------------|
| Glucose (Urine/GOD - POD) | Negative | | Negative |
| Leukocytes(CP) (Urine) | Negative | | |

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

| | | | |
|-----------------------------|------------|------|-----|
| Pus Cells (Urine) | 0-1 | /hpf | NIL |
| Epithelial Cells (Urine) | 0-1 | /hpf | NIL |
| RBCs (Urine) | NIL | /hpf | NIL |
| Others (Urine) | NIL | | |

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

| | | | |
|---------------------|-----|------|-----|
| Casts (Urine) | NIL | /hpf | NIL |
| Crystals (Urine) | NIL | /hpf | NIL |

A handwritten signature in black ink, appearing to read "Shamim Javed", written over a circular logo with blue and pink elements.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

IMMUNOHAEMATOLOGY

| | | | |
|--|----------------|--|--|
| BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) | 'A' 'Negative' | | |
|--|----------------|--|--|

Remark: Gel card method is suggested for confirmation.

A handwritten signature in black ink, appearing to read "Anusha", written over a stylized heart logo in blue and pink.

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

A handwritten signature in black ink, appearing to read "Shamim", written over a stylized heart logo in blue and pink.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Ms. SUJITHA R
PID No. : MED111217590
SID No. : 422058015
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/07/2022 9:58 AM
Collection On : 30/07/2022 11:03 AM
Report On : 30/07/2022 4:14 PM
Printed On : 04/08/2022 11:41 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--|
| <u>BIOCHEMISTRY</u> | | | |
| BUN / Creatinine Ratio | 9.57 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 82.06 | 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-PAP) | 92.47 | 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.


| | | | |
|--|------------|-------|-----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 6.8 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 0.71 | 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.

| | | | |
|--------------------------------|------|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 3.75 | mg/dL | 2.6 - 6.0 |
|--------------------------------|------|-------|-----------|


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

| | | | |
|-----------------|-----------|------------|----------------------|
| Name | SUJITHA R | ID | MED111217590 |
| Age & Gender | 30-Female | Visit Date | 7/30/2022 5:51:41 PM |
| Ref Doctor Name | MediWheel | | |



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | |
|-------------------------------|---|--------|
| AORTA | : | 2.0cms |
| LEFT ATRIUM | : | 2.7cms |
| AVS | : | ---- |
| LEFT VENTRICLE (DIASTOLE) | : | 3.8cms |
| (SYSTOLE) | : | 2.5cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 0.8cms |
| (SYSTOLE) | : | 1.1cms |
| POSTERIOR WALL (DIASTOLE) | : | 0.8cms |
| (SYSTOLE) | : | 1.3cms |
| EDV | : | 62ml |
| ESV | : | 23ml |
| FRACTIONAL SHORTENING | : | 34% |
| EJECTION FRACTION | : | 63% |
| EPSS | : | --- |
| RVID | : | 1.6cms |

DOPPLER MEASUREMENTS:

| | | | | |
|-----------------|---|-------------|-------------|-------|
| MITRAL VALVE | : | E' 0.98 m/s | A' 0.50 m/s | NO MR |
| AORTIC VALVE | : | 1.44 m/s | | NO AR |
| TRICUSPID VALVE | : | E' 1.82 m/s | A' - m/s | NO TR |
| PULMONARY VALVE | : | 0.77 m/s | | NO PR |

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological 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 referring doctor/patient can contact the respective section head of the laboratory.
- 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.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

| | | | |
|-----------------|-----------|------------|----------------------|
| Name | SUJITHA R | ID | MED111217590 |
| Age & Gender | 30-Female | Visit Date | 7/30/2022 5:51:41 PM |
| Ref Doctor Name | 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 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: 63%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

REPORT DISCLAIMER

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological 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 referring doctor/patient can contact the respective section head of the laboratory.

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.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

| | | | |
|-----------------|-----------|------------|----------------------|
| Name | SUJITHA R | ID | MED111217590 |
| Age & Gender | 30-Female | Visit Date | 7/30/2022 5:51:41 PM |
| Ref Doctor Name | MediWheel | | |



DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC
 SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
 Kss/an

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological 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 referring doctor/patient can contact the respective section head of the laboratory.
- 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.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

| | | | |
|-----------------|--------------|------------|----------------------|
| Name | SUJITHA R | ID | MED111217590 |
| Age & Gender | 30-30-Female | Visit Date | 7/30/2022 5:51:41 PM |
| Ref Doctor Name | MediWheel | | |



ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows 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 shows 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 shows 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.

The kidney measures as follows:

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|---------------------|-----------------------------|------------------------------------|
| Right Kidney | 8.8 | 1.4 |
| Left Kidney | 10.3 | 1.4 |

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 5mm

Uterus measures as follows: LS: 5.6cms AP: 3.0cms TS: 3.3cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary: 2.9 x 1.6cms Left ovary: 2.5 x 2.4cms**

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological 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 referring doctor/patient can contact the respective section head of the laboratory.
- 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.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

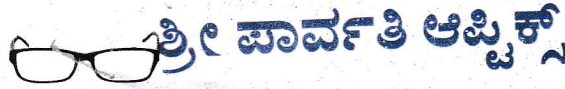
| | | | |
|-----------------|--------------|------------|----------------------|
| Name | SUJITHA R | ID | MED111217590 |
| Age & Gender | 30-30-Female | Visit Date | 7/30/2022 5:51:41 PM |
| Ref Doctor Name | MediWheel | | |



DR. APARNA
CONSULTANT RADIOLOGIST
A/vp

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological 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 referring doctor/patient can contact the respective section head of the laboratory.
- 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.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.



SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com

Mahesh

Mob:8618385220

9901569756

SPECTACLE PRESCRIPTION

Name: *Seetha R.*

No. **980**

Mobil No:

Date: *30/7/2022*

Age / Gender *30y / F.*

Ref. No.

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|--------------|----------|----------|------------|--------------|--------------|------------|------------|
| | SPH | CYL | AXIS | VISION | SPH | CYL | AXIS | VISION |
| DISTANCE | <i>-1.50</i> | <i>-</i> | <i>-</i> | <i>6/6</i> | <i>-1.25</i> | <i>-0.25</i> | <i>118</i> | <i>6/6</i> |
| NEAR | | | | | | | | |

PD *65mm*

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS

NEW THIPPASANDRA

| | | | |
|--------------|-----------|------------|--------------------|
| Name | SUJITHA R | ID | MED111217590 |
| Age & Gender | 30Y/F | Visit Date | Jul 30 2022 9:58AM |
| 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. APARNA

CONSULTANT RADIOLOGIST

30 Years
Female

QRS : 80 ms
QT / QTcBaz : 412 / 435 ms
PR : - ms
P : - ms
RR / PP : 888 / 937 ms
P / QRS / T : - / 16 / 9 degrees

SUBRAMANIAN, K.S.
MD DM (CARDIOLOGY)
Consultant Cardiologist
KMC REG No: 46604
Clumax Diagnostics

