CLIENT CODE : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SANDHYA T V PATIENT ID : **SANDF1012784036**

ACCESSION NO : **4036VL001876** AGE : 44 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 10/12/2022 11:06 REPORTED : 18/12/2022 12:09

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status **Final**	Results	Biological Reference Interval	Units
MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT			
*** TREADMILL TEST**			
TREADMILL TEST	COMPLETED		
DENTAL CHECK UP			
DENTAL CHECK UP	NOT DONE		
OPTHAL			
OPTHAL	COMPLETED		
*** PHYSICAL EXAMINATION**			
PHYSICAL EXAMINATION	COMPLETED		

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Test Report Status **Final**	**Results**			**Units**

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

Test	Results	Flag	Reference	Units
SERUM BLOOD UREA NITROGEN				
BLOOD UREA NITROGEN	7		Adult(<60 yrs) : 6 to 20	mg/dL
*** BUN/CREAT RATIO**				
BUN/CREAT RATIO	12.0			
CREATININE, SERUM				
CREATININE	0.58		18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA				
GLUCOSE, POST-PRANDIAL, PLASMA	96		Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
LIPID PROFILE, SERUM				
CHOLESTEROL	168		Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	**156**	**High**	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	**36**	**Low**	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	121		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**132**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	**4.7**	**High**	3.30 - 4.40	
LDL/HDL RATIO	**3.4**	**High**	0.5 - 3.0	
VERY LOW DENSITY LIPOPROTEIN	**31.2**	**High**	< or = 30.0	mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD				

Test Report Status **Final**	**Results**			**Units**
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.5		Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	%
MEAN PLASMA GLUCOSE	111.2		< 116.0	mg/dL
LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, TOTAL	0.96		General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.26		General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.7		0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.7		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.5		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.2		2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	**2.1**	**High**	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29		Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	52		Adults : < 34	U/L
ALKALINE PHOSPHATASE	57		Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	27		Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	6.7		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	4.3		Adults : 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP	TYPE O			
RH TYPE	POSITIVE			
BLOOD COUNTS,EDTA WHOLE BLOOD				
HEMOGLOBIN	13.2		12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.52		3.8 - 4.8	mil/μL
WHITE BLOOD CELL COUNT	8.80		4.0 - 10.0	thou/μL

Patient Ref. No. 666000002618509

Cert. No. MC-2809

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PLATELET COUNT	399		150 - 410	thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT	38.3		36 - 46	%
MEAN CORPUSCULAR VOL	85.0		83 - 101	fL
MEAN CORPUSCULAR HGB.	29.2		27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.5		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	11.9		11.6 - 14.0	%
MENTZER INDEX	18.8			
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	60		40 - 80	%
LYMPHOCYTES	38		20 - 40	%
EOSINOPHILS	02		1 - 6	%
ABSOLUTE NEUTROPHIL COUNT	5.28		2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	**3.34**	**High**	1.0 - 3.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.18		0.02 - 0.50	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.6			
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
SEDIMENTATION RATE (ESR)	04		0 - 20	mm at 1 hr
STOOL: OVA & PARASITE				
COLOUR	BROWN			
CONSISTENCY	SEMI FORMED			
ODOUR	FAECAL			
POLYMORPHONUCLEAR LEUKOCYTES	NOT DETECTED		0 - 5	/HPF
RED BLOOD CELLS	NOT DETECTED		NOT DETECTED	/HPF
MACROPHAGES	NOT DETECTED		NOT DETECTED	
CHARCOT-LEYDEN CRYSTALS	NOT DETECTED		NOT DETECTED	
TROPHOZOITES	NOT DETECTED		NOT DETECTED	
CYSTS	NOT DETECTED		NOT DETECTED	
OVA	NOT DETECTED			
LARVAE	NOT DETECTED		NOT DETECTED	
ADULT PARASITE	NOT DETECTED			
OCCULT BLOOD	NOT DETECTED		NOT DETECTED	
SUGAR URINE - POST PRANDIAL				

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DIAGNOSTIC REPORT

Patient Ref. No. 666000002618509

Cert. No. MC-2809

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Test Report Status **Final**	Results		Units
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	

CYTOLOGY - CS (PAP SMEAR)

CYTOLOGY - CS (PAP SMEAR)

Cytology No :- CY/4075/22

Nature of specimen : - Cytology - Cervical smear

Gross specimen :- Three smears received in fixative

Microscopy :- All the three smears screened show

. Intermediate squamous cells on a clean background.

Diagnosis :- Negative for intraepithelial lesion or malignant cells.

THYROID PANEL, SERUM

Test	Results	Reference	Units
T3	120.07	Non-Pregnant : 60-181 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
T4	8.70	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	1.600	(Non Pregnant) : 0.4 - 4.2 Pregnant(Trimester wise) 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

SUGAR URINE - FASTING

Test	Results	Reference	Units
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	

PHYSICAL EXAMINATION, URINE

Test	Results	Reference	Units
COLOR	PALE YELLOW		
APPEARANCE	CLEAR		

*** CHEMICAL EXAMINATION, URINE**

Test	Results	Reference	Units
PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.015	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	

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Test Report Status **Final**	**Results**		**Units**
KETONES	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	**2 - 3**	NOT DETECTED	/HPF
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	**8-10**	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	105	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
Causes of Increased levels
Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
• Liver disease
• SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.
LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don''''''''''''''t cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn''''''''''''''t need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other

diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease.
Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
TOTAL PROTEIN, SERUM-Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom''s disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
URIC ACID, SERUM-
Causes of Increased levels:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome
Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for

diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT''S TEST
CYTOLOGY - CS (PAP SMEAR)-METHOD: STAINING- MICROSCOPY

Specimens sent for biopsy will be preserved in the Lab only for 30 days after despatch of reports.They will be discarded after this period. Slides/blocks of tissues will be issued only on written request from the concerned medical officer. Slides / Blocks and Reports will be preserved only for a period of 10 years.Generally Slides will be made available only a day after giving the request.Only two copies of the report will be given . Additional copies will be given only on production of a letter from the concerned doctor. Special stains & tests will be done whereever necessary to assist diagnosis and will be charged extra.
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE:
While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

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Test Report Status **Final**	**Results**	**Units**

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT

*** ECG WITH REPORT**

REPORT

COMPLETED

*** MAMMOGRAPHY -BOTH**

REPORT

COMPLETED

*** USG ABDOMEN AND PELVIS**

REPORT

COMPLETED

*** CHEST X-RAY WITH REPORT**

REPORT

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

LITTIMMA ANTONY
LAB TECHNOLOGIST

PREETHY K D
LAB TECHNOLOGIST

SABITHAMOL P S
LAB TECHNOLOGIST

DR.KRIPA ELIZABETH JOHN
CONSULTANT PATHOLOGIST

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DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. SANDHYA T V
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): Left eye blak mole
3. Age/Date of Birth	:	44 25/01/1977 Gender: F/M Female
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ....149.... (cms) b. Weight ....46.... (Kgs) c. Girth of Abdomen ....73... (cms)

d. Pulse Rate ....74... (/Min) e. Blood Pressure: 110/70

	Systolic	Diastolic
1st Reading	110	70
2nd Reading	110	70

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother	61	good.	
Brother(s)	46	"	
Sister(s)	47	"	

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N

b. Have you undergone/been advised any surgical procedure? Y/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N

d. Have you lost or gained weight in past 12 months? Y/N

Dr. Austin Varghese
MBBS
TCMC Reg

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N Eyes

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

Grade II Fatty liver – lifestyle modification advised!

BIRADS – II lesion in (R) Breast – Routine follow up advised

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner : Dr. AUSTIN VARGHEES 10/12/2022

Seal of Medical Examiner : Dr. Austin Varghees MBBS TCMC Reg. No:77017

Name & Seal of DDRC SRL Branch

Date & Time :

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

OPHTHALMOLOGY REPORT

ACCESSION NO:4036VL001876

This is to certify that I have examined

~~MR~~ /MS......Sandhya T.V......Aged......44yrs...and

His / her visual standard is as follows.

Acuity of Vision

For Far R ...6/10... with spex ∠ 6/6

L ...6/10...

For Near R ...N.8... with spex ∠ N-6 N-6

L ...N.10...

Colour Vision ...Normal...

DATE : 10/12/22

OPTOMETRIST

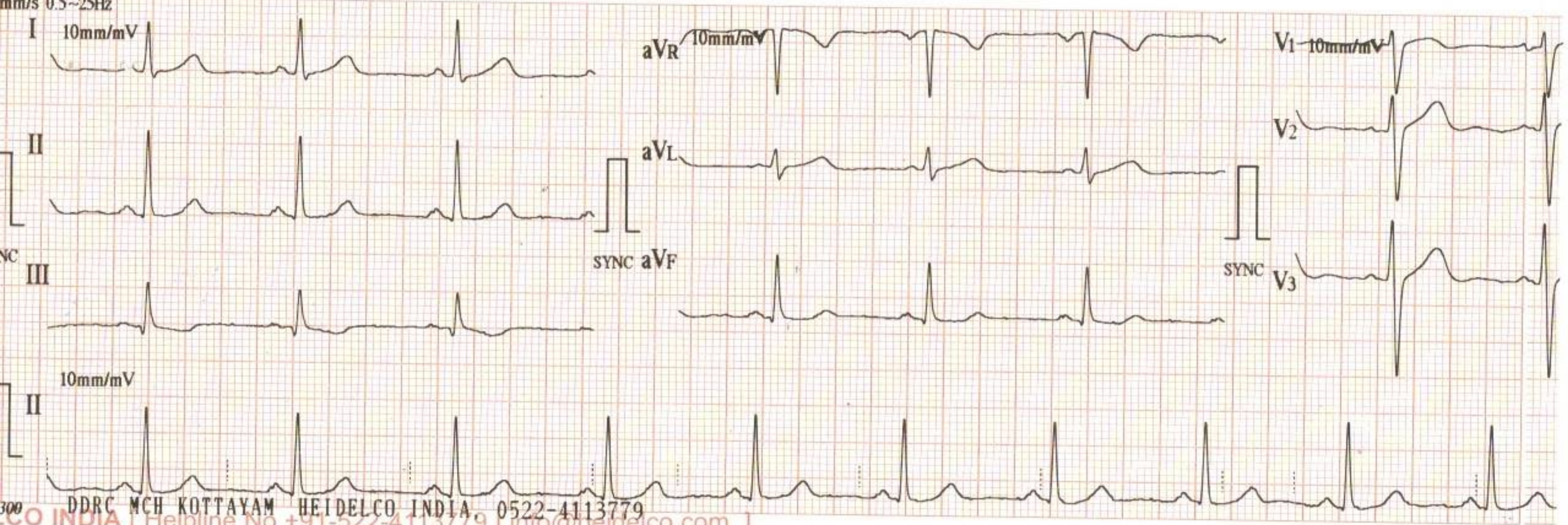
DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

ECG REPORT

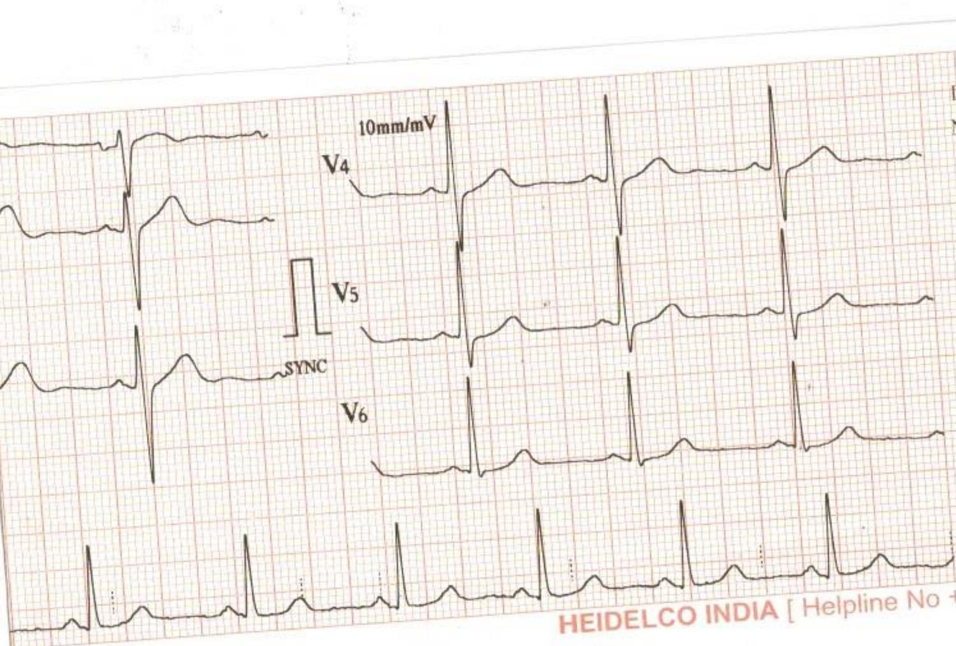
ACCESSION NO	: 4036VL001876
NAME	: SANDHYA T V
AGE	: 44
SEX	: FEMALE
DATE	: 10.12.20222
COMPANY	: MEDIWHEEL

RATE	: 74 bpm
RHYTHM	: Normal sinus rhythm
P. WAVE	: Normal
P-R INTERVAL	: 130 ms
Q,R,S,T. WAVES	: Normal
AXIS	: Normal
ARRHYTHMIAS	: Nil
QT INTERVAL	: 369 ms
OTHERS	: Nil
OPINION	: Normal ECG

Dr. Austin Varghees
MBBS
TCMC Reg. No:77017



mm/s 0.5~25Hz
I
10mm/mV
aVR
10mm/mV
V1
10mm/mV
II
aVL
V2
SYNC
III
SYNC aVF
SYNC V3
10mm/mV
II
300
DDRC MCH KOTTAYAM HEIDELCO INDIA, 0522-4113779
CO INDIA [Helpline No +91-522-4113779 | info@heidelco.com]



10/12/2022 13:00

V2.002(BIOS:V2.004/AMP:V1.006)

ID : 0452
Name: SANDHYA
TV
Sex : Female
Age : 44

HR	: 74	bpm
R-R	: 809	ms
P-R	: 130	ms
QRS	: 100	ms
QT/QTc	: 369/410	ms
P/QRS/T	: 44/56/35	°
RV5/SV1	: 1.210/0.700	mV
RV5+SV1	: 1.910	mV

Machine Interpretation Only

Confirm with Physician

Physician:

HEIDELCO INDIA [Helpline No +91-522-4113779 I info@heidelco.com]

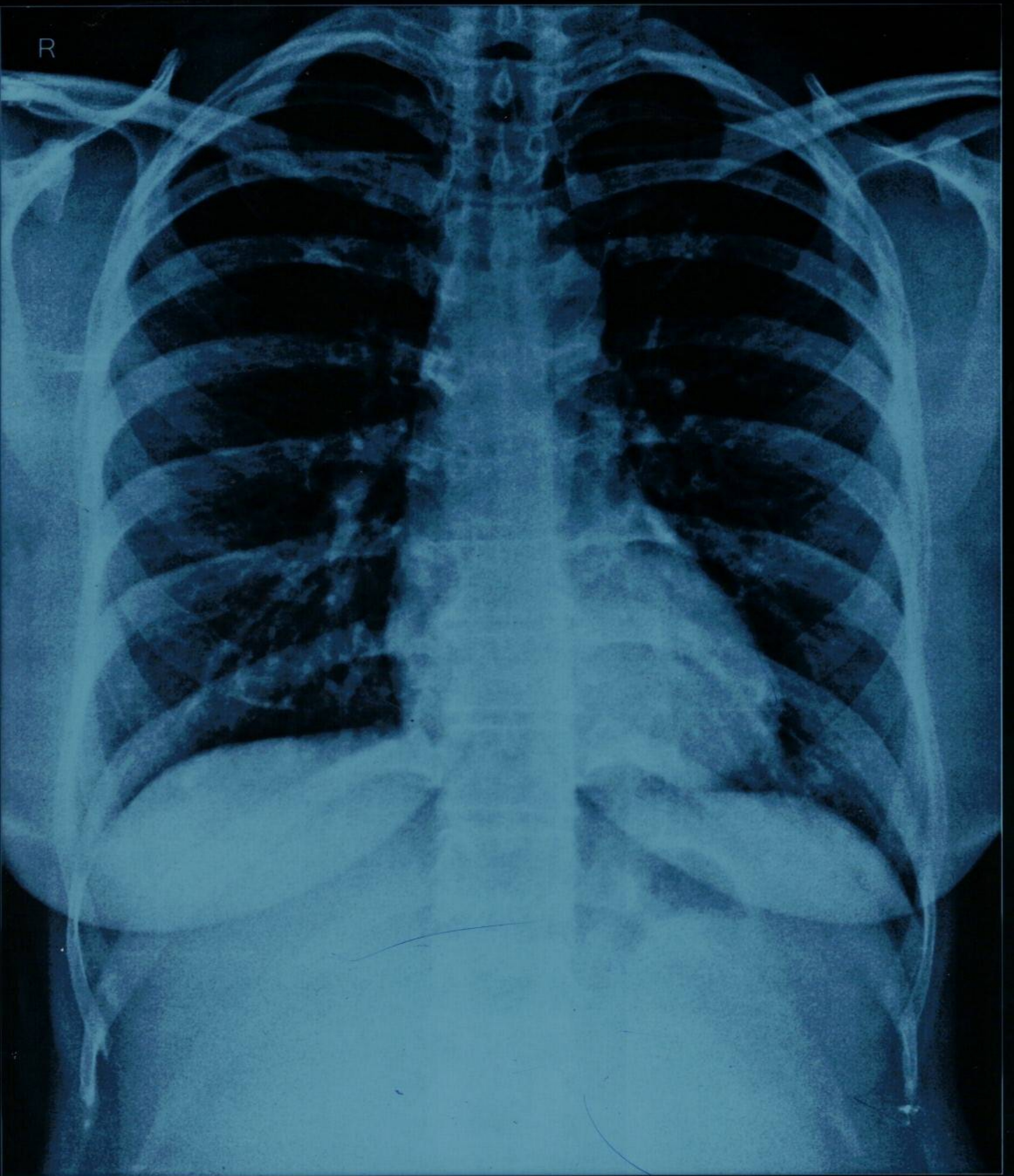
DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

X - RAY CHEST - REPORT

ACCESSION NO	:	4036VL001876
NAME	:	SANDHYA T V
AGE	:	44
SEX	:	FEMALE
DATE	:	10.12.2022
COMPANY	:	MEDIWHEEL

EXPOSURE	:	Adequate
POSITIONING	:	Central
SOFT TISSUES	:	Normal
LUNG FIELDS	:	Normal
HEART SHADOW	:	No cardiac abnormalities
CARDIOPHRENIC ANGLE	:	No obliteration
COSTOPHRENIC ANGLE	:	No obliteration
HILUM	:	No lymphadenopathy
OPINION	:	Normal chest XRay

Dr. Austin Varghees
MBBS
TCMC Reg. No:77017



SANDHYA T V 44Y 4947 CHEST-PA 10-12-2022

DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

FUJIFILM

RCC

RMLO

SANDHYA T V 44YRS 176788 MAMMOGRAM B/L D D R C 10-Dec-22
CMC Hospital, Kottayam

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

Name: SANDHYA.T.V | **Report Date: 10.12.2022**
Age/Sex: 44 yrs/F | **Ref.by: Mediwheel**
Accession No: 4036VL001876

USG ABDOMEN & PELVIS

OBSERVATIONS:

Liver: **Enlarged in size (17.5 cm). Shows increased parenchymal echotexture.** No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (8 mm).

Gall bladder: Distended (measures 6.1 x 1.3 cm) No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.

CBD: Not dilated (3 mm).

Spleen: Normal in size (7.4 cm) and echotexture. No focal lesion.

Pancreas: Head (2 cm), body (1.2 cm) and tail (1.1 cm) appear normal. No focal lesion. No calcification or duct dilatation noted.

Kidneys: Right kidney length measures 9.8 cm. Parenchymal thickness 1.7 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Left kidney length measures 10.3 cm. Parenchymal thickness 1.6 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Ureters: Not dilated.

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Uterus: Is anteverted and normal in size measures 7.2 x 5 x 4.5 cm. Myometrial echo is uniform. Endometrial echo is normal. ET- 10 mm. Cavity is empty.

Ovaries: Right ovary: 3.3 x 1.5 cm Left ovary: 2.3 x 1 cm

Normal in size and morphology on both sides.

Adnexa: No adnexal lesions.

Others: No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

IMPRESSION:

- **Mild hepatomegaly with grade II fatty changes.**

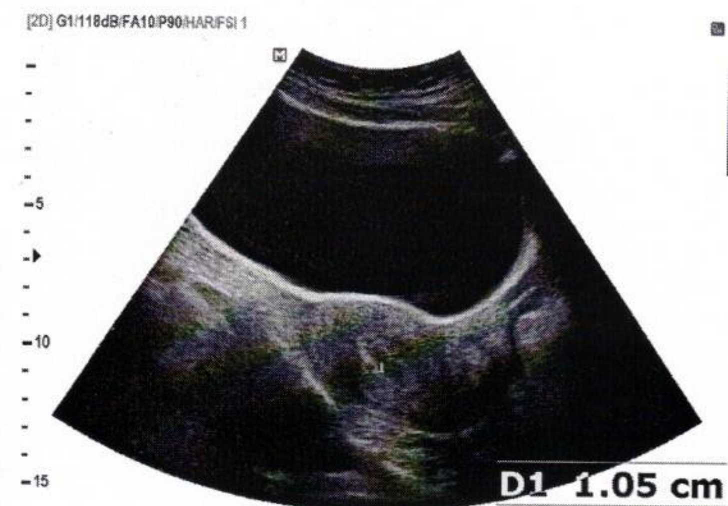
Dr. Deepak.V, MBBS, DMRD
Radiologist

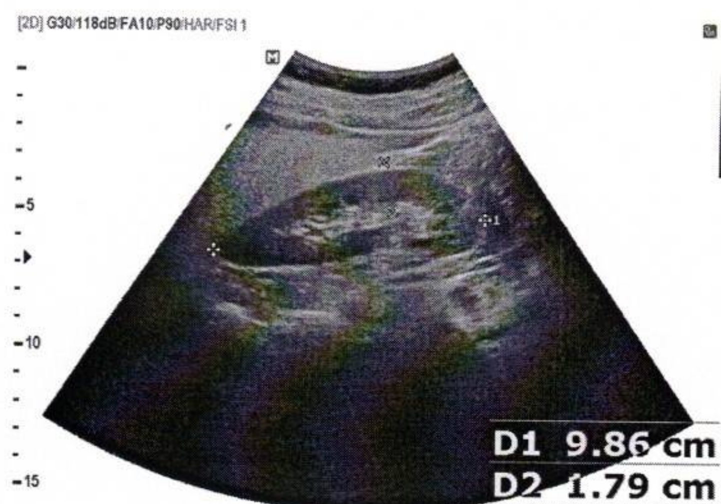
Note: Please correlate clinically and investigate further as needed.

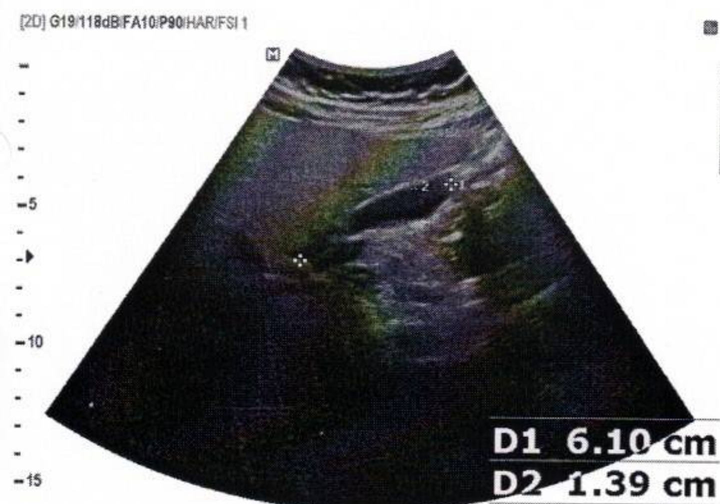
CIN : U85190MH2006PTC161480
(Refer to "CONDITIONS OF REPORTING" overleaf)

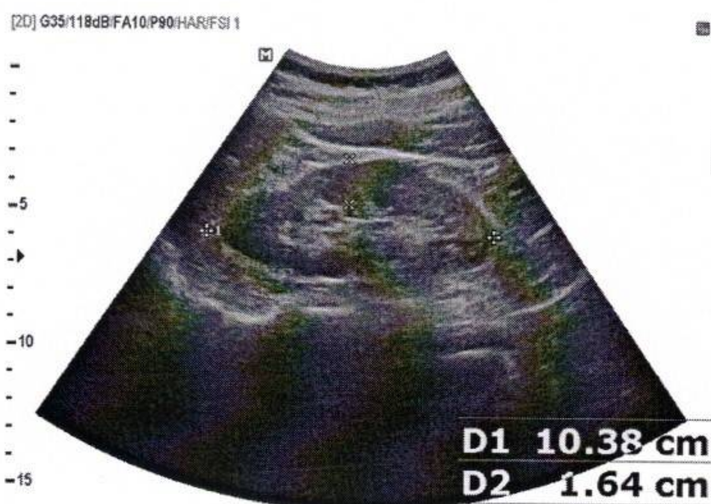
Ultrasound Image Report

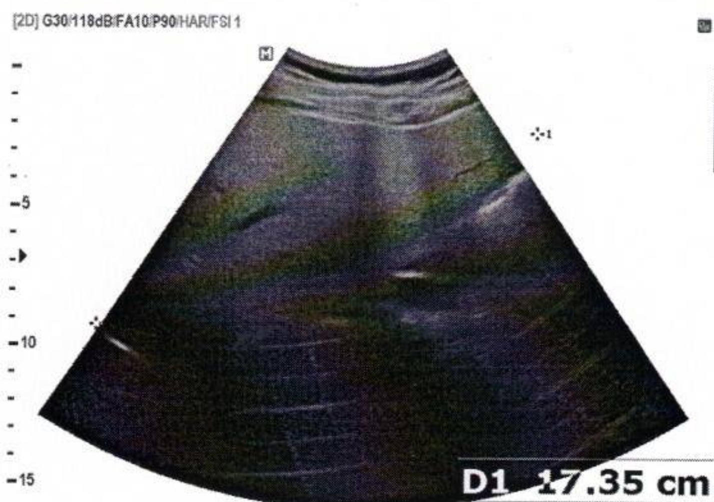
Patient		Exam	
ID	10-12-2022-0010	Accession #	
Name		Exam Date	10122022
Birth Date		Description	
Gender	Other	Sonographer	

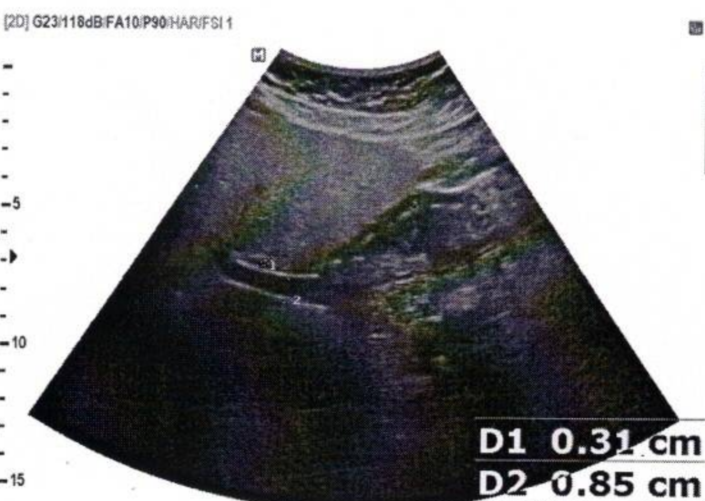












Name: SANDHYA.T.V **Report Date: 10.12.2022**
Age/Sex: 44 yrs/F **Ref.by: Mediwheel**
Accession No: 4036VL001876

MAMMOGRAM REPORT (BOTH BREASTS)

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

Right breast

No evidence of any mass lesion / asymmetric density noted.

No clustered pleomorphic microcalcifications visualized.

No evidence of any architectural distortion seen.

There is no skin thickening or nipple retraction.

Few benign lymph nodes are seen in the axillary region.

High frequency Sonography: A small anechoic cyst measuring 7 x 6 mm is noted in the mammary layer of right breast at 10 O' clock position. (BIRADS 2)

Left breast

No evidence of any mass lesion / asymmetric density noted.

No clustered pleomorphic microcalcifications visualized.

No evidence of any architectural distortion seen.

There is no skin thickening or nipple retraction.

Few benign lymph nodes are seen in the axillary region.

High frequency Sonography: Reveals no focal / diffuse mass lesion or obviously dilated ducts.

IMPRESSION:

- **Small cyst in the right breast (BIRADS 2)**

Dr. Deepak.V, MBBS, DMRD
Radiologist

Encl: Film
This is a professional opinion based on imaging findings and not a diagnosis by it self. Please correlate clinically and with other imaging / laboratory investigations.

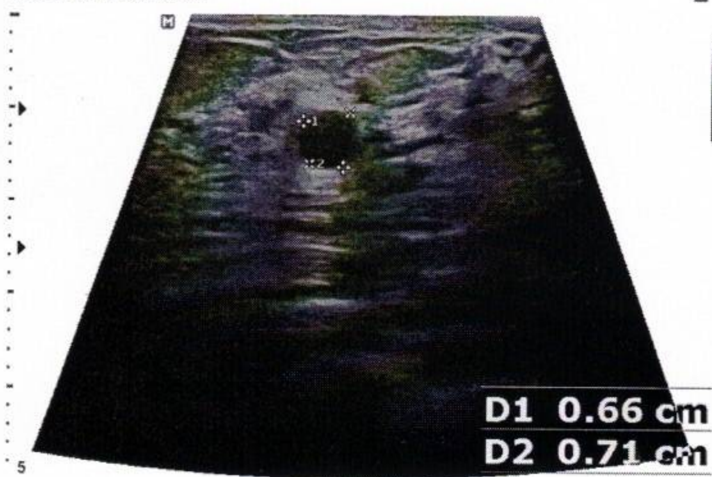
Ultrasound Image Report

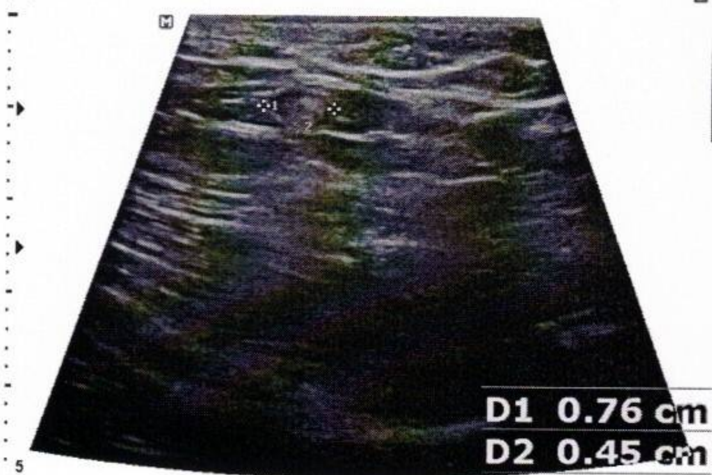
Patient

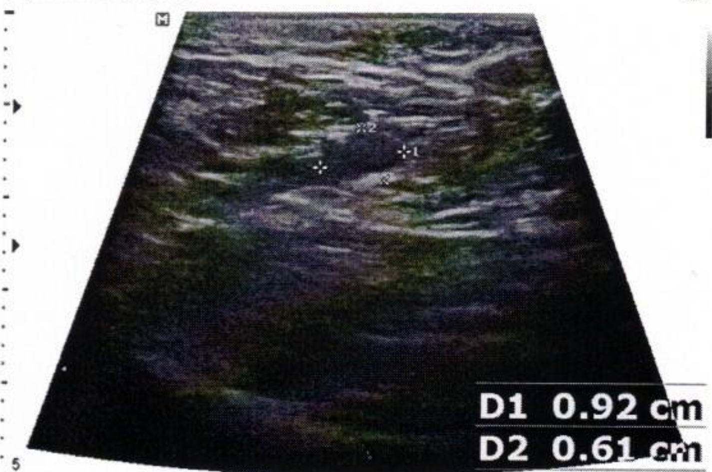
ID	10-12-2022-0010
Name	
Birth Date	
Gender	Other

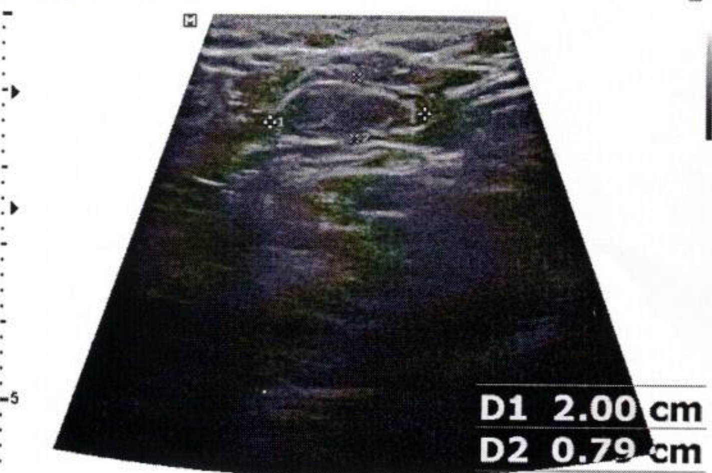
Exam

Accession #	
Exam Date	10122022
Description	
Sonographer	







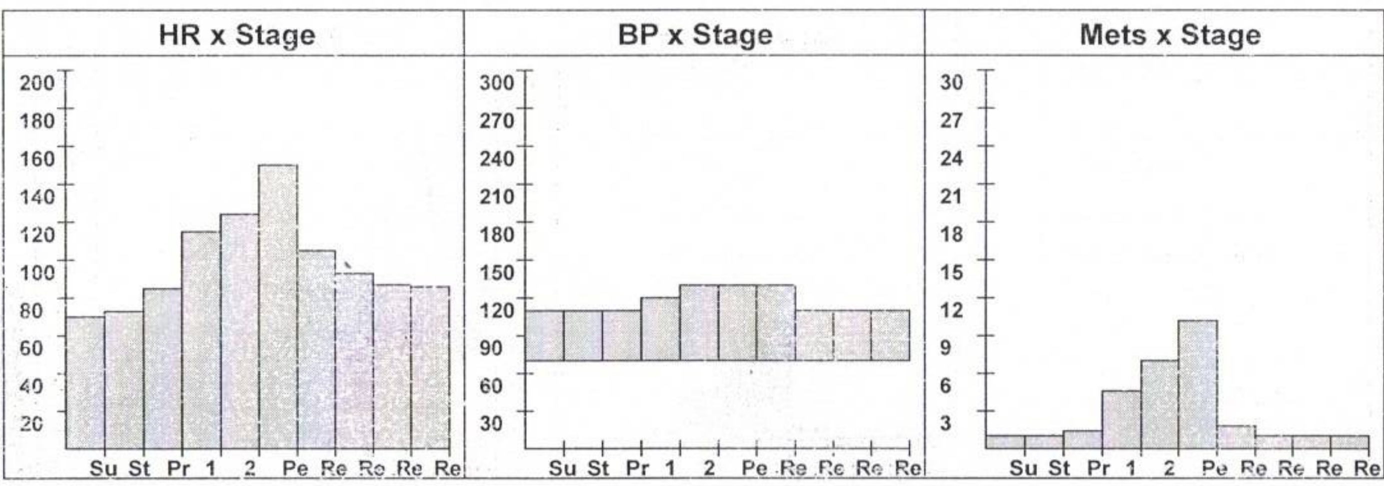


DDRC SRL KOTTAYAM

Patient Details Date: 10-Dec-22 Time: 11:57:43

Name: SANDHYA T V ID: 149

Age: 44 y Sex: F Height:149 cms Weight:46 Kgs



Interpretation

STRESSED UPTO 8:02 MTS ON BRUCE PROTOCOL AND ATTAINED 85% OF THR AT HR OF 150 BPM WITH A WORKLOAD OF 9 METS.RPP-19500.
NORMAL HR AND BP RESPONSE.
NO ANGINA/ARRHYTHMIA.
BASELINE ECG SHOWS SR WITH Q WITH T WAVE INVERSION.
NO SIGNIFICANT ST SHIFT DURING EXERCISE.
INSIGNIFICANT ST CHANGES NOTED IN INF-LAT LEADS DURING RECOVERY.

IMP:- TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.
GOOD EFFORT TOLERANCE.

Dr. Austin Varghees
MBBS
TCMC Reg. No:77017

Ref. Doctor: ------ Doctor: ----

(Summary Report edited by user)

DDRC SRL KOTTAYAM

Patient Details

Date: 10-Dec-22 **Time:** 11:57:43

Name: SANDHYA T V **ID:** 149

Age: 44 y **Sex:** F **Height:**149 cms **Weight:**46 Kgs

Clinical History: FOR CARDIAC EVALUATION

Medications: NIL

Test Details

Protocol: Bruce
Total Exec. Time: 8 m 2 s
Max. BP: 130 / 70 mmHg
Test Termination Criteria: FATIGUE

Pr.MHR: 176 bpm
Max. HR: 150 (85% of Pr.MHR) bpm
Max. BP x HR: 19500 mmHg/min

THR: 158 (90 % of Pr.MHR) bpm
Max. Mets: 10.20
Min. BP x HR: 4900 mmHg/min

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)
Supine	0 : 20	1.0	0	0	70	110 / 70	-1.06 III	1.42 V2
Standing	0 : 8	1.0	0	0	73	110 / 70	-0.85 III	1.42 V2
1	3 : 0	4.6	1.7	10	115	120 / 70	-2.12 III	-3.18 III
2	3 : 0	7.0	2.5	12	124	130 / 70	-3.18 III	2.83 II
Peak Ex	2 : 2	10.2	3.4	14	150	130 / 70	-3.61 III	3.54 V2
Recovery(1)	1 : 38	1.8	1	0	105	130 / 70	-2.97 III	3.89 II
Recovery(2)	2 : 0	1.0	0	0	93	110 / 70	-1.70 III	1.77 V2
Recovery(3)	2 : 0	1.0	0	0	87	110 / 70	-1.49 III	-1.06 III
Recovery(4)	0 : 20	1.0	0	0	86	110 / 70	-1.27 III	1.06 aVL

DDRC SRL KOTTAYAM

SANDHYA T V (44 F)

Protocol: Bruce

ID: 149

Stage: Supine

Date: 10-Dec-22

Speed: 0 mph

Exec Time : 0 m 0 s

Grade: 0 %

Stage Time : 0 m 19 s

(THR: 158 bpm)

HR: 70 bpm

B.P: 110 / 70

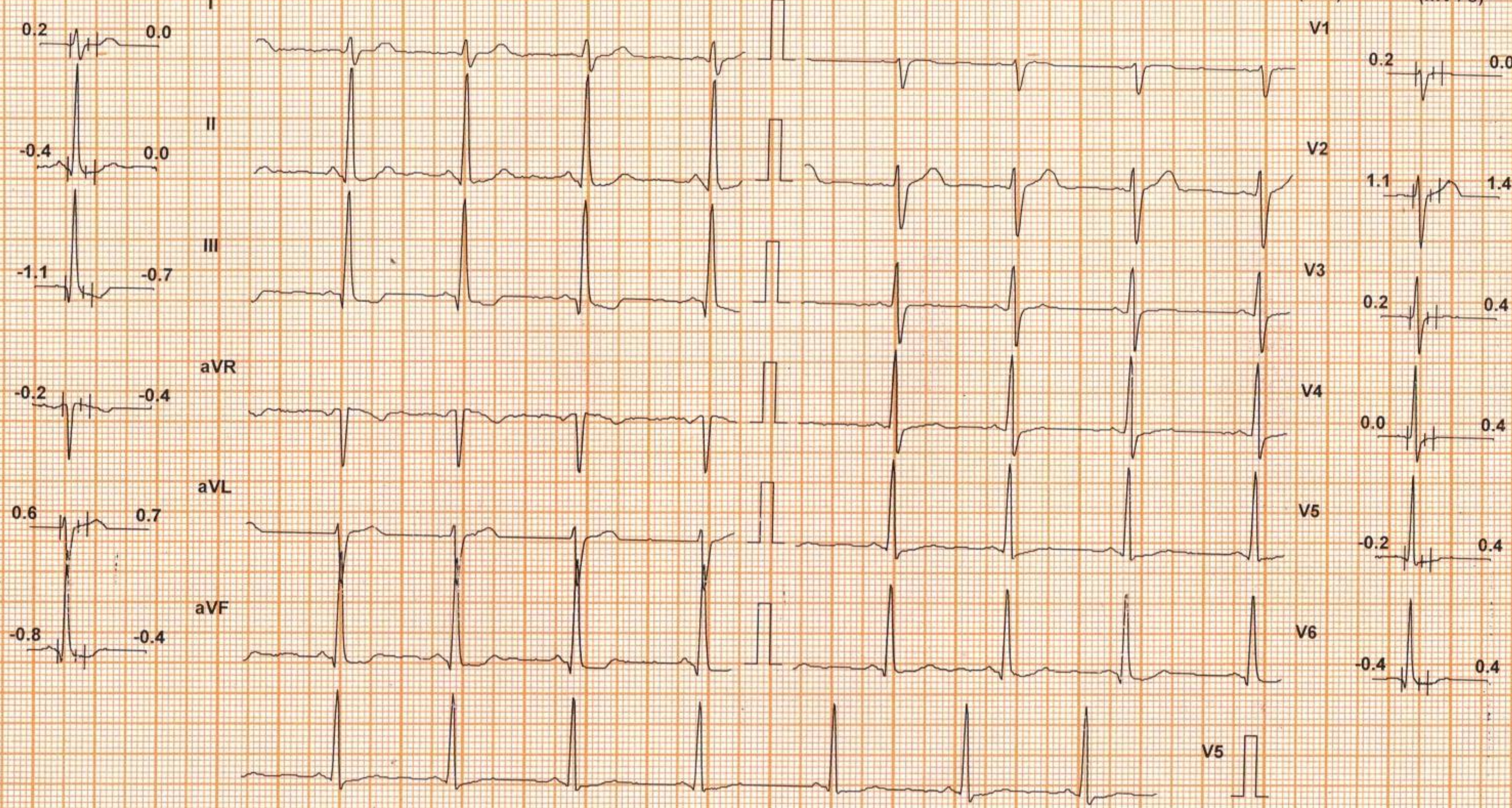


Chart Speed: 25 mm/sec

Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

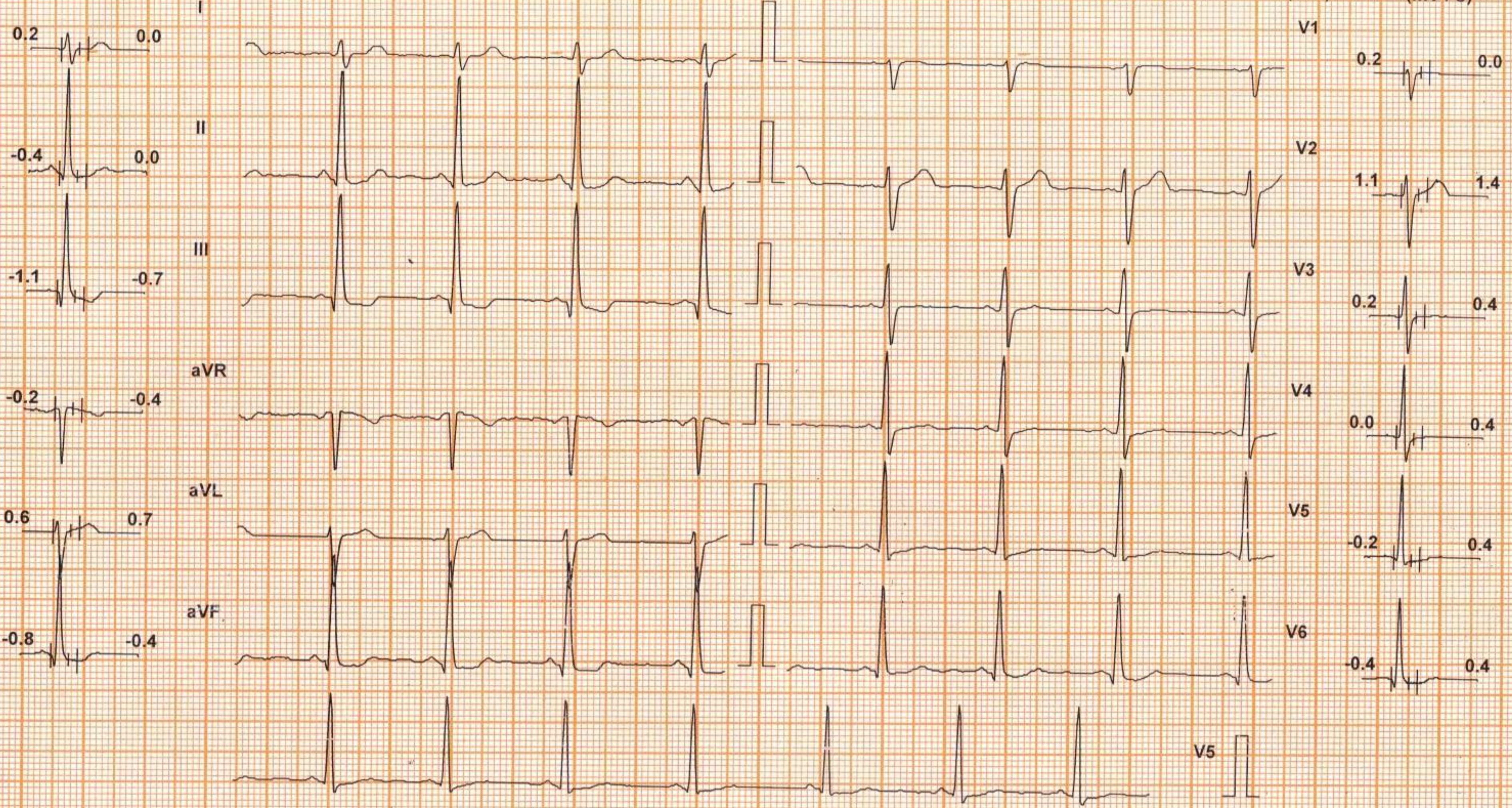
J = R + 60 ms

Post J = J + 60 ms

DDRC SRL KOTTAYAM

SANDHYA T V (44 F) ID: 149 Date: 10-Dec-22 Exec Time : 0 m 0 s Stage Time : 0 m 2 s **HR: 70 bpm**

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 110 / 70



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Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

SANDHYA T V (44 F) ID: 149 Date: 10-Dec-22 Exec Time : 3 m 0 s Stage Time : 3 m 0 s ***HR: 115 bpm***

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 158 bpm) B.P: 120 / 70

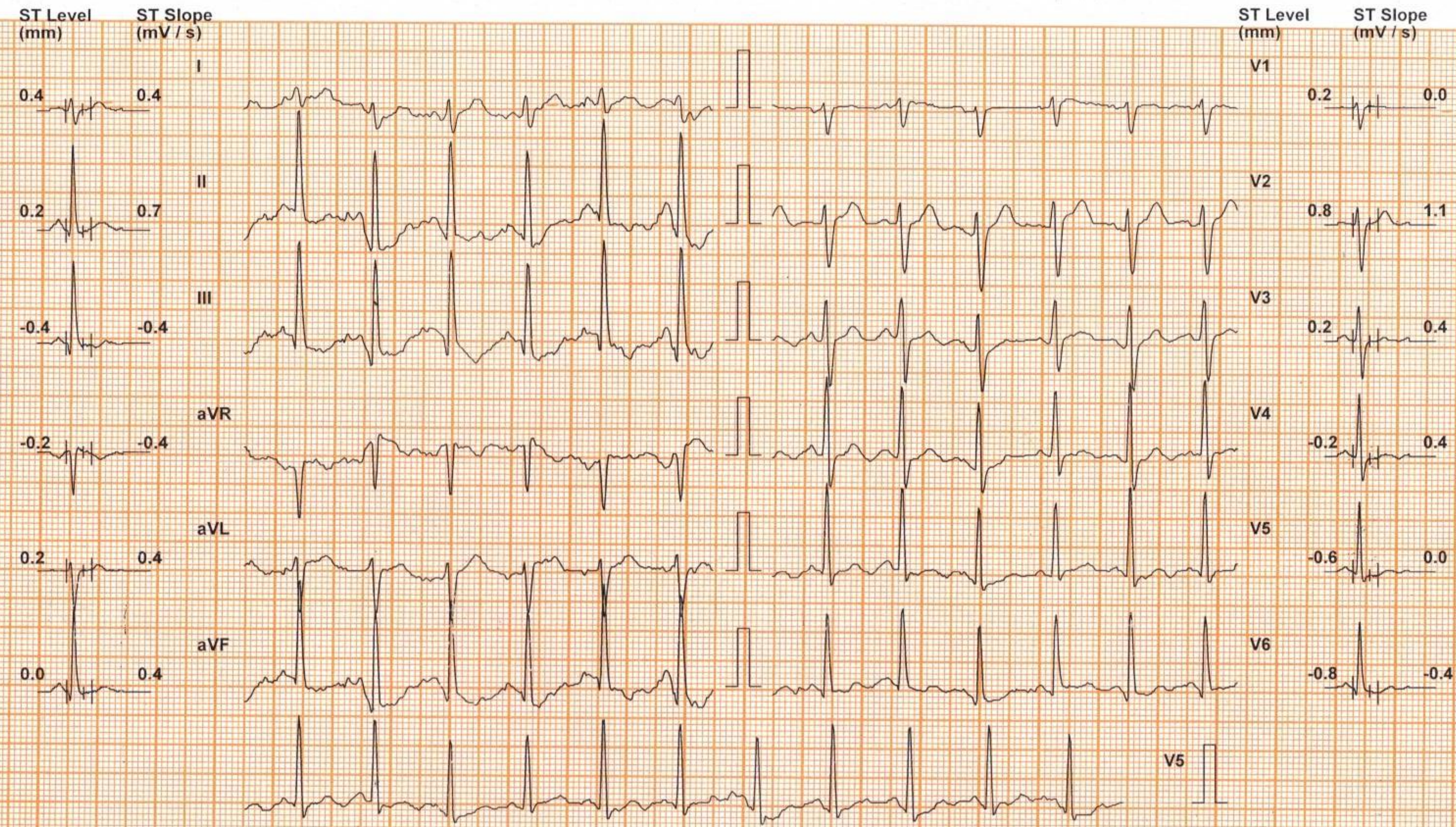


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

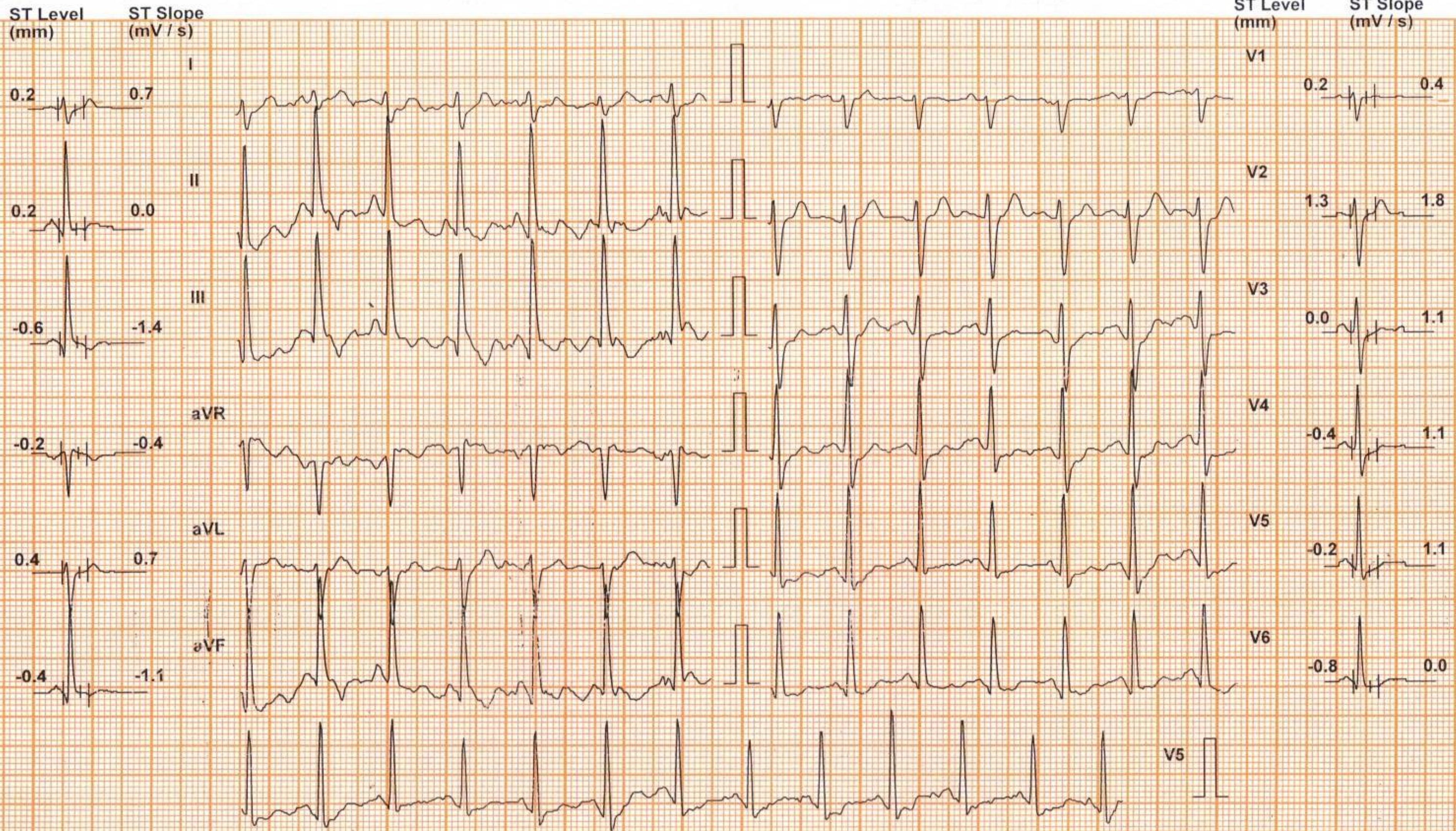
Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

SANDHYA T V (44 F)
Protocol: Bruce

ID: 149
Stage: 2

Date: 10-Dec-22 Exec Time : 6 m 0 s Stage Time : 3 m 0 s **HR: 124 bpm**
Speed: 2.5 mph Grade: 12 % (THR: 158 bpm) B.P: 130 / 70



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Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

SANDHYA T V (44 F) ID: 149 Date: 10-Dec-22 Exec Time : 8 m 2 s Stage Time : 2 m 2 s **HR: 150 bpm**

Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % (THR: 158 bpm) B.P: 130 / 70

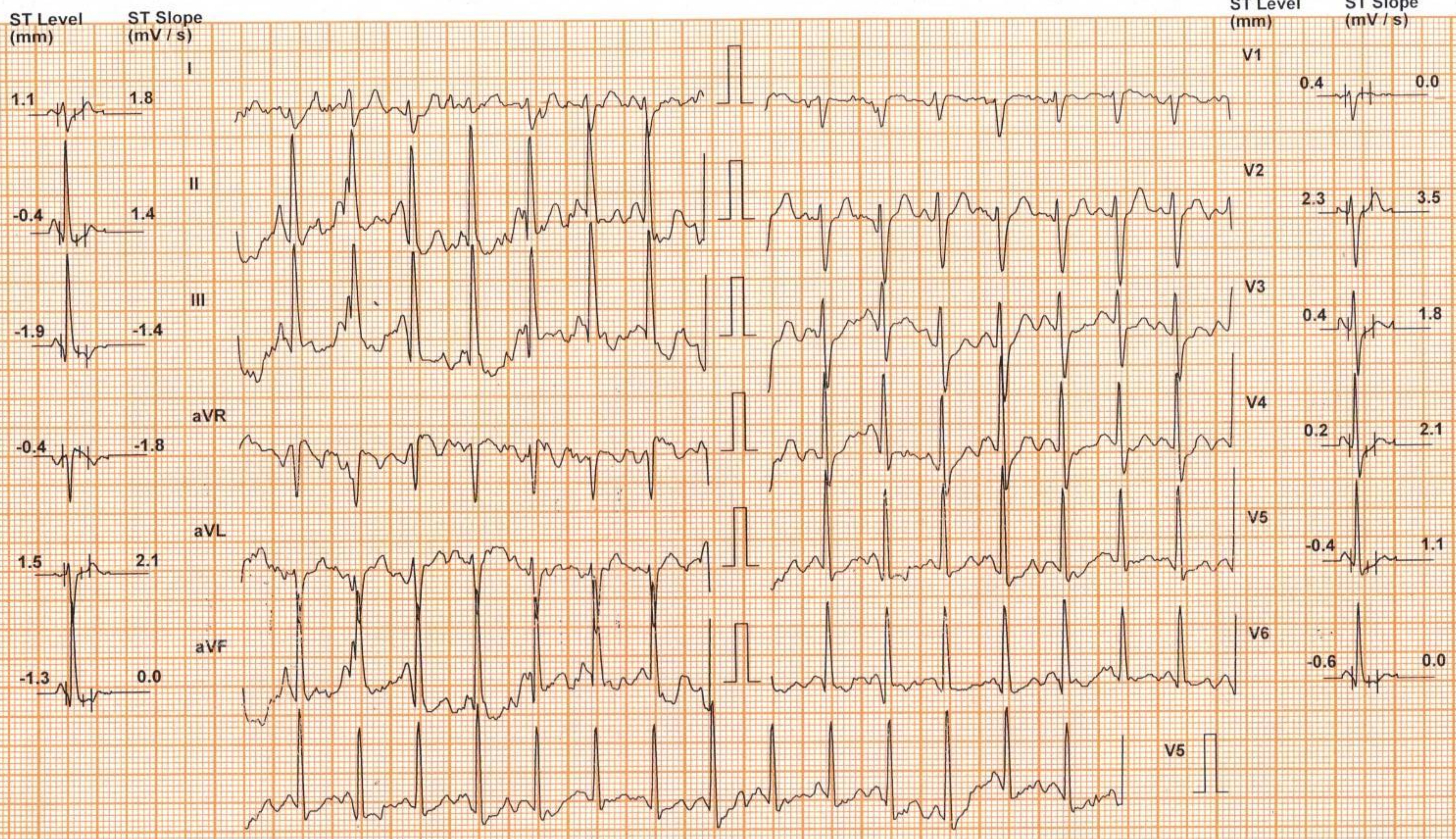

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

SANDHYA T V (44 F) ID: 149 Date: 10-Dec-22 Exec Time : 8 m 2 s Stage Time : 1 m 38 s **HR: 105 bpm**

Protocol: Bruce Stage: Recovery(1) Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 130 / 70

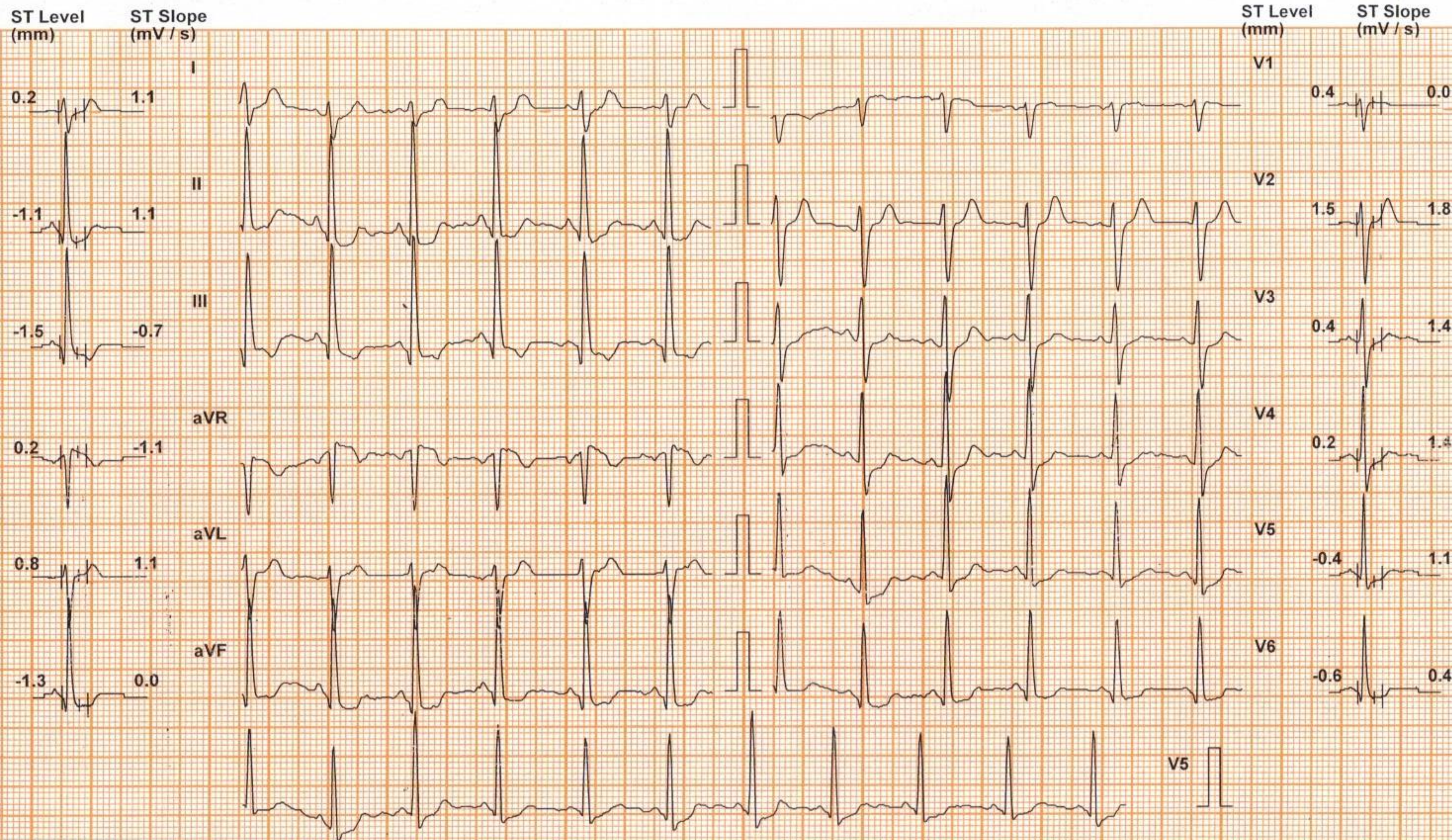

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

SANDHYA T V (44 F) ID: 149 Date: 10-Dec-22 Exec Time : 8 m 2 s Stage Time : 2 m 0 s **HR: 93 bpm**

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 110 / 70

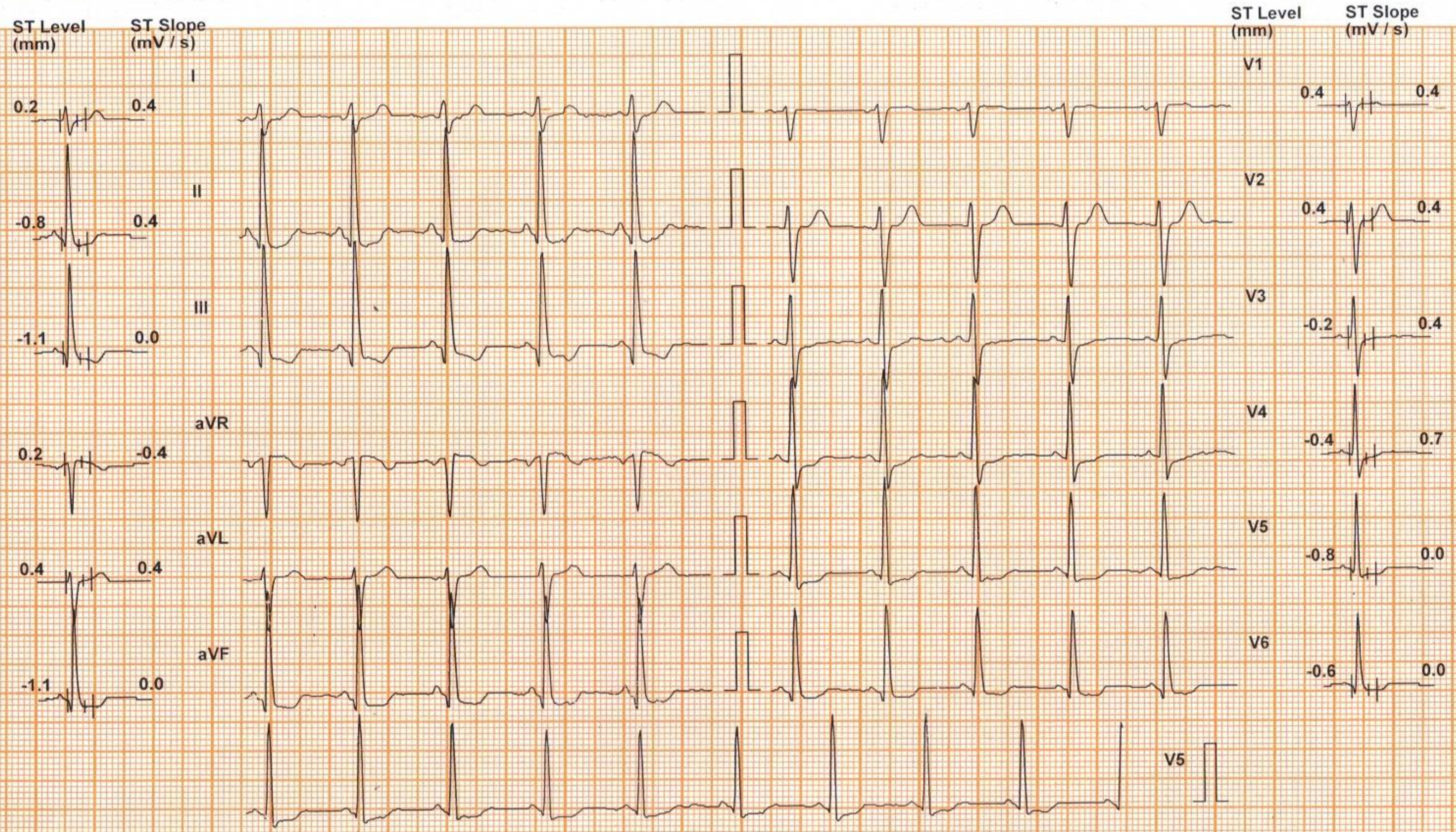

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

DDRC SRL KOTTAYAM

SANDHYA T V (44 F) | ID: 149 | Date: 10-Dec-22 | Exec Time : 8 m 2 s | Stage Time : 2 m 0 s | **HR: 87 bpm**

Protocol: Bruce | Stage: Recovery(3) | Speed: 0 mph | Grade: 0 % | (THR: 158 bpm) | B.P: 110 / 70

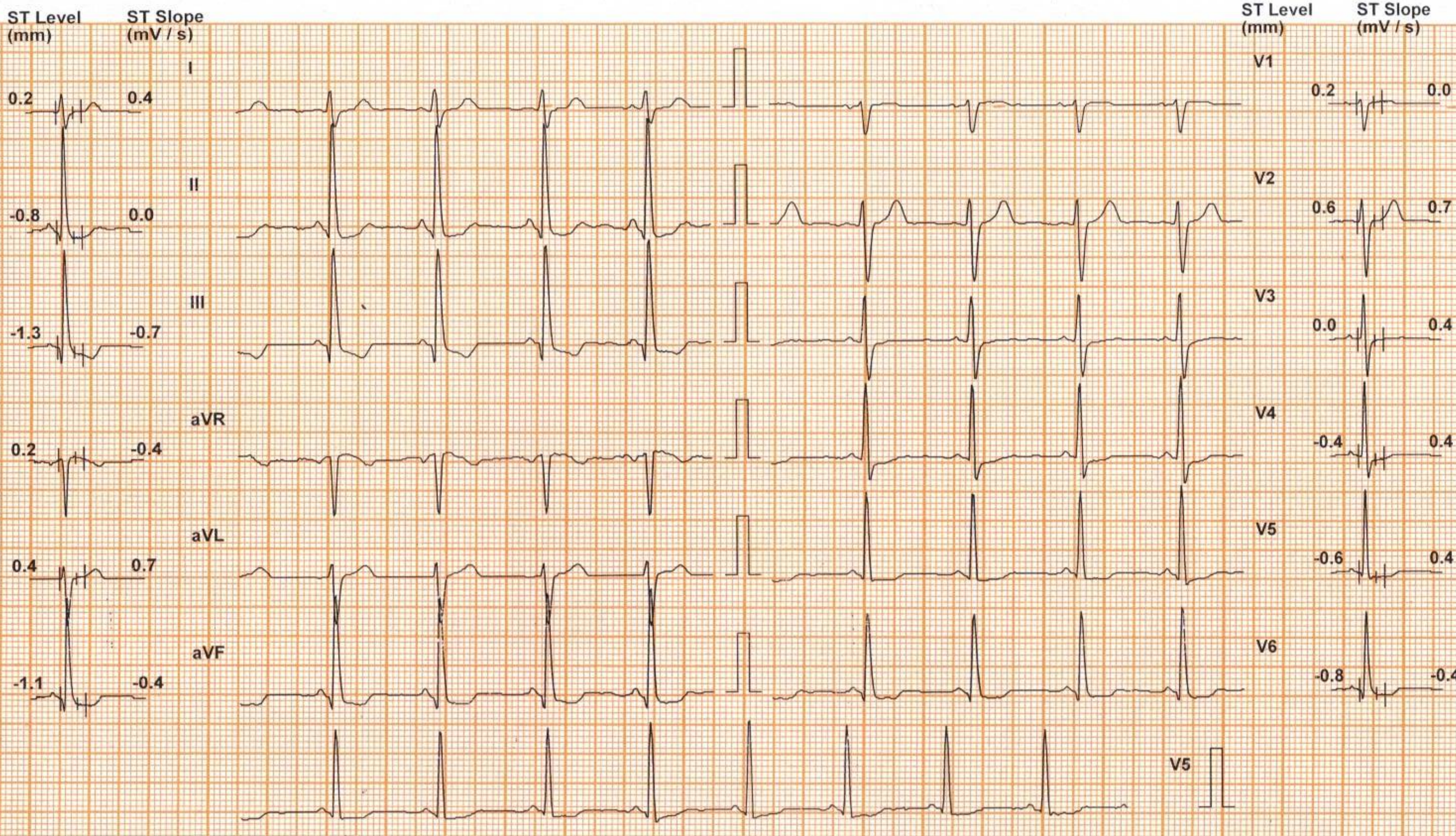

Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 10 mm | *Iso = R - 60 ms* | *J = R + 60 ms* | *Post J = J + 60 ms*

Schiller Spandan V 4.7