

Name	SRILEKHA D	ID	MED120920621
Age & Gender	26Year(s)/FEMALE	Visit Date	3/22/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

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

The gall bladder is partially distended and postprandial.

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 9.2 x 4.5 cm.

The left kidney measures 10.2 x 4.9 cm.

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

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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 6.9 x 3.0 x 4.0 cm.

The endometrial thickness is 0.63 cm.

The right ovary measures 2.9 x 1.9 x 3.2 cm (Vol - 9.8 cc).

The left ovary measures 2.7 x 2.1 x 3.0 cm (Vol - 9.2 cc).

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Fatty liver.**

-for clinical correlation

**Dr. CATHRINE.
SONOLOGIST.**

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DEPARTMENT OF CARDIOLOGY
TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

**ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:**

ACOUSTIC WINDOW : GOOD

LV STUDY

IVS(d)	cm	0.5
IVS(s)	cm	1.2
LPW(d)	cm	0.7
LPW(s)	cm	1.0
LVID(d)	cm	4.8
LVID(s)	cm	3.0
EDV	ml	116
ESV	ml	28
SV	ml	88
EF	%	75
FS	%	37
Parameters		Patient Value
LA	cm	2.7
AO	cm	2.2

DOPPLER PARAMETERS

Valves	Velocity max(m/sec mm/Hg)
AV	0.6/2 m/s
PV	0.8/3 m/s
MV (E)	0.4 m/s
(A)	0.6 m/s
TV(E)	1.0/4 m/s

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FINDINGS:

- ❖ No regional wall motion abnormality.
- ❖ Normal left ventricle systolic function. (EF : 75%).
- ❖ Grade - I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Normal valves.
- ❖ Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

***NO REGIONAL WALL MOTION ABNORMALITY.
NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.***

**S. VIGNESH M.Sc.
ECHO TECHNICIAN**

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Personal Health Report

General Examination:

BP: 110/70 mmhg
Pulse: 80/ min, regular

Systemic Examination:

CVS: S1 S2 heard;
RS : NVBS +.
Abd : Soft.
CNS : NAD

Blood report:

ECHO - No regional wall motion abnormality; Normal LV systolic function.

Eye Test - Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/9	6/9
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

Eye Test - Distant vision defect. To consult an ophthalmologist for further evaluation and management.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

Female, 26 Years (01.01.1996)

Measurement Results:

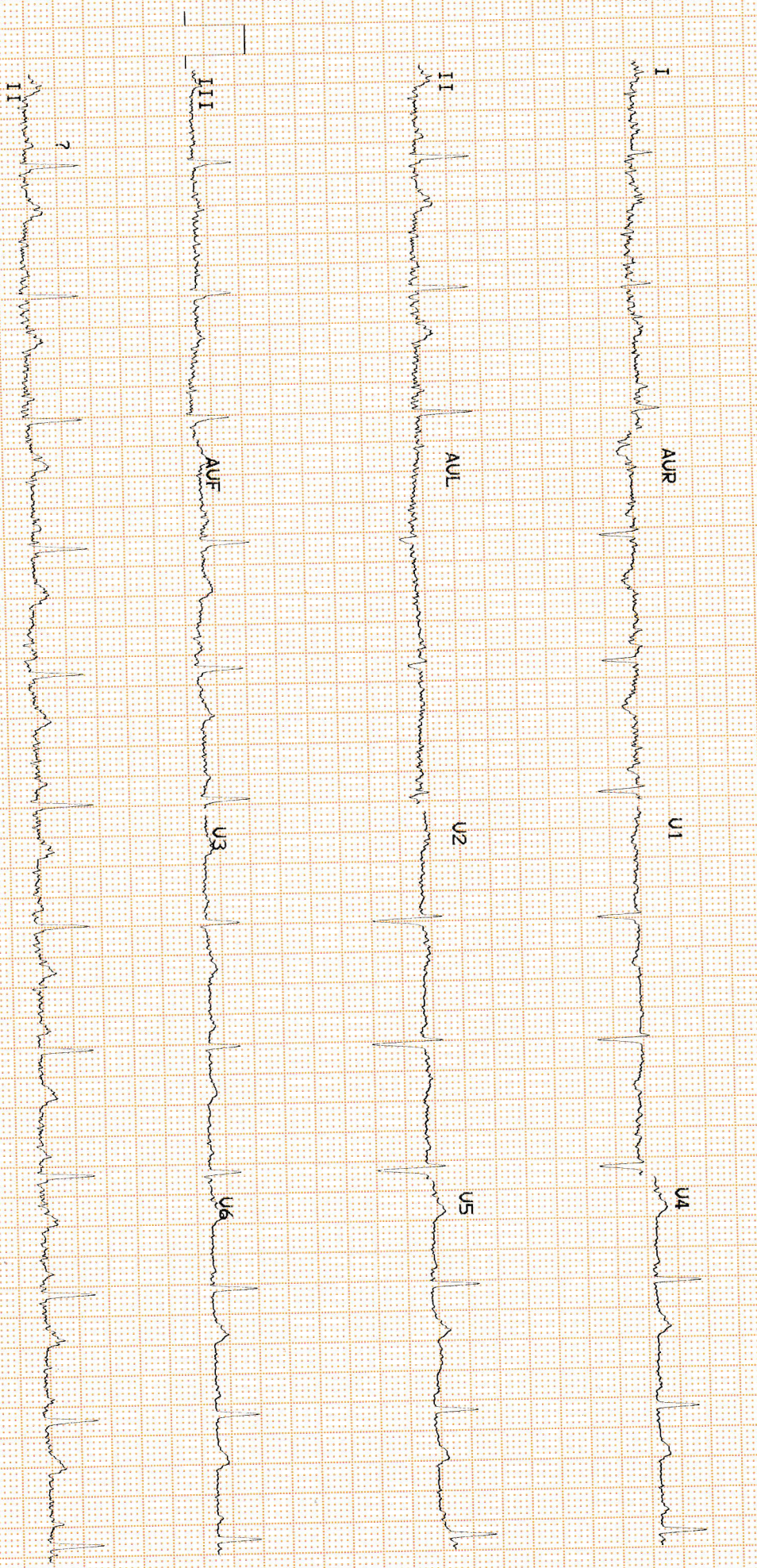
QRS	:	80 ms
QT/QTcB	:	418 / 452 ms
PR	:	150 ms
P	:	94 ms
RR/PP	:	854 / 850 ms
P/QRS/T	:	45/ 70/ 55 degrees
QTd/QTcBd	:	30 / 32 ms
Sokolow	:	1.4 mV
NK	:	10



Interpretation:

normal ECG

Unconfirmed report.





**MEDALL
PRECISION
DIAGNOSTICS**

MEDICAL EXAMINATION FORM

NAME :	MRS. SRILEKHA	HEIGHT:	149
DATE OF BIRTH:	01.01.1996	WEIGHT:	71.9
AGE:	26/P	PULSE:	74
CONTACT NUMBER:	6383662636	BP:	99/65
EMPLOYEE ID:	-	SIGNATURE:	R. Sridhar

TO BE FILLED BY THE CANDIDATES	No	Yes	If yes, details.....	
Are you taking any medicine?		<input checked="" type="checkbox"/>	patient taking	Chyprosom
Are you married?(in case of female)		<input checked="" type="checkbox"/>		
Recent complaints				
Past medical history	No	Yes	If yes, details.....	
Fits	<input checked="" type="checkbox"/>			
Jaundice	<input checked="" type="checkbox"/>			
Asthma	<input checked="" type="checkbox"/>			
Operation	<input checked="" type="checkbox"/>			
Diabetes	<input checked="" type="checkbox"/>			
Tuberculosis	<input checked="" type="checkbox"/>			
Blood transfusion	<input checked="" type="checkbox"/>			
High BP	<input checked="" type="checkbox"/>			
Hospitalisation	<input checked="" type="checkbox"/>			
Others(please specify)				
Family medical history	No	Yes	If yes, details.....	
Diabetes	<input checked="" type="checkbox"/>			
Asthma	<input checked="" type="checkbox"/>			
High BP	<input checked="" type="checkbox"/>			
Cancer	<input checked="" type="checkbox"/>			
Miscellaneous	<input checked="" type="checkbox"/>			
Smoker	<input checked="" type="checkbox"/>		How many/day?	For how many years?
Alcohol	<input checked="" type="checkbox"/>		How often?	
Vegetarian	<input checked="" type="checkbox"/>		Non-vegetarian	<input checked="" type="checkbox"/>
Allergy to drugs/food?	<input checked="" type="checkbox"/>		If yes, details...	
Any problem with vision?	<input checked="" type="checkbox"/>		If yes, details...	
Do you wear glasses or contact lenses?	<input checked="" type="checkbox"/>		If yes, details...	
Any problem with hearing?	<input checked="" type="checkbox"/>		If yes, when did you check your hearing last?	
Donated blood?	<input checked="" type="checkbox"/>		No means, reason..	Not willing
			If yes, how many times?	

Doctor's Observations:

NAD

Name	SRILEKHA D	Customer ID	MED120920621
Age & Gender	26Y/F	Visit Date	Mar 22 2022 9:48AM
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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. H.K. ANAND

DR. HIMA BINDU P

DR. SHWETHA S

DR. POOJA B.P

CONSULTANT RADIOLOGISTS



Name : Mrs. SRILEKHA D
PID No. : MED120920621
SID No. : 602203552
Age / Sex : 26 Year(s) / Female
Ref. Dr : MediWheel

Register On : 22/03/2022 9:49 AM
Collection On : 22/03/2022 10:40 AM
Report On : 24/03/2022 11:09 AM
Printed On : 24/03/2022 6:38 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'B' Positive)
 /Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion
 If Rh Variant

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

HAEMATOLOGY

Complete Blood Count With - ESR

Parameter	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/Spectrophotometry)	12.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	37.1	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.58	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	81.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.5	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	13.6	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	38.60	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7820	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	61.1	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	28.8	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	5.4	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	4.2	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02

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

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	4.78	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.25	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.42	$10^3 / \mu\text{l}$	0.04 - 0.44


DR.NOORUNNISHA
 CONSULTANT BIOCHEMIST


Dr. Ramesh Dayanand Kinha
 Chief Pathologist
 Reg No : 142072

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Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.33	10 ³ / µl	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	306	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	10.4	fL	8.0 - 13.3
PCT (Blood/Automated Blood cell Counter)	0.32	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	5	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	14.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	68.4	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)	83.1	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)	10.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.73	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)	3.1	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.86	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.64	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	25.3	U/L	5 - 40



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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.0	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	83.4	U/L	42 - 98
Total Protein (Serum/Biuret)	6.91	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.03	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.88	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.40		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	160.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	56.2	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/Immuno-inhibition)	59.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	89.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	11.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	100.7	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.



The results pertain to sample tested.



Page 3 of 5

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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.7		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)	0.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	1.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.0	%	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) 96.8 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 glyceamic 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 (CLIA))	0.71	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 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	5.06	µg/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.



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TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	3.46	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.

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
Pus Cells (Urine/Automated .ĀFlow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated .ĀFlow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated .ĀFlow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated .ĀFlow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated .ĀFlow cytometry)	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.

-- End of Report --



The results pertain to sample tested.

