COLOUR DOPPLER
ULTRASOUND SCANNING
ECHO

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

RADIOLOGY DIVISION

ECHO REPORT

Name: HARITHA.G	Age/Sex:36Y/F	Date:11/02/2023

Left Ventricle:-

	Diastole	Systole
IVS	1.09cm	1.16cm
LV	4.06cm	2.51cm
LVPW	1.16cm	1.22cm

EF - 68% FS - **38%**

AO	LA
3.22cm	3.61cm

PV	-	0.97m/s
AV	-	1.17m/s
MVE	-	0.77m/s
MVA	-	0.55m/s
E/A	-	1.40

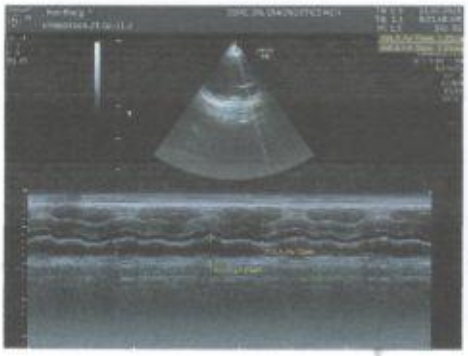
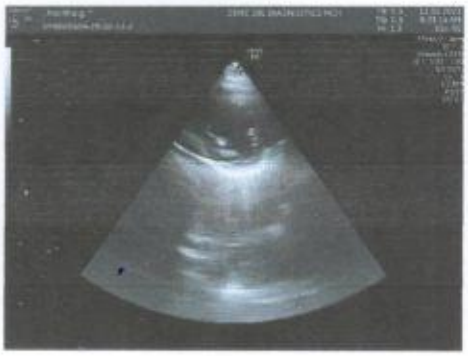
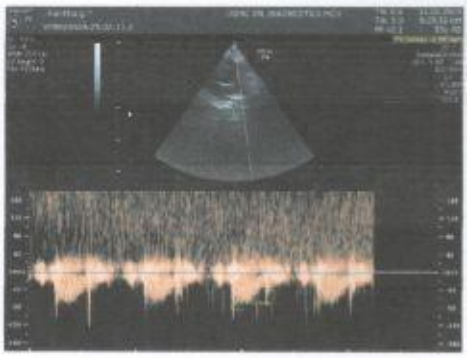
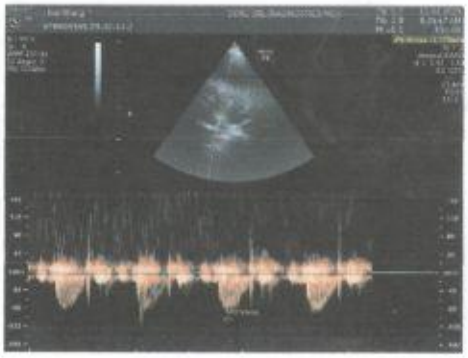
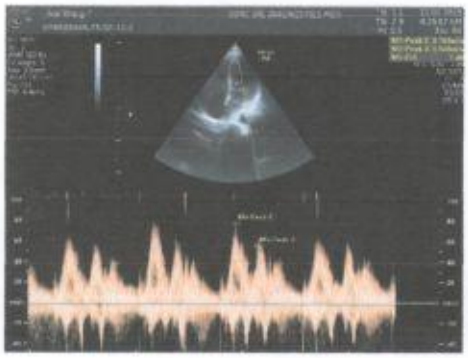
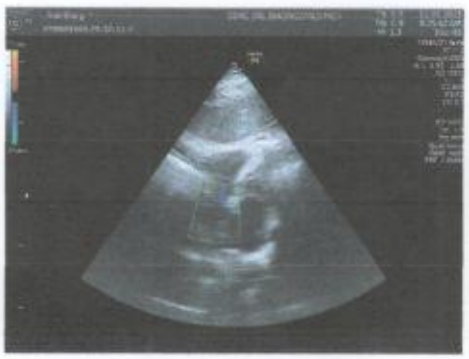
IMPRESSION:-

- Normal chambers dimensions
- No RWMA
- Good LV systolic function
- No diastolic dysfunction
- No AS,AR,MR,MS,TR,PAH
- No Vegetation/clot/effusion
- IAS/IVS intact

Consultant Cardiologist

Dr [illegible] Y.S
MBBS,MD,DM(Cardiology)
Consultant Cardiologist
TCMC Reg No: 73539

COMPLETE IMAGING SOLUTIONS

DIAGNOSTIC REPORT

Patient Ref. No. 666000003357549

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

Cert. No. MC-2812

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TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC
Email : customercare.ddrc@srl.in

PATIENT NAME : MRS HARITHA G PATIENT ID : **MRSHF1102874182**

ACCESSION NO : **4182WB004612** AGE : 36 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:00 REPORTED : 13/02/2023 07:27

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO

OPTHAL

OPTHAL	Report given		

*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION	Report given		

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO

*** BLOOD UREA NITROGEN (BUN), SERUM**			
BLOOD UREA NITROGEN	9	Adult(<60 yrs) : 6 to 20	mg/dL
*** BUN/CREAT RATIO**			
BUN/CREAT RATIO	14.1		
CREATININE, SERUM			
CREATININE	0.64	18 - 60 yrs : 0.6 - 1.1	mg/dL
*** GLUCOSE, POST-PRANDIAL, PLASMA**			
GLUCOSE, POST-PRANDIAL, PLASMA	95	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE FASTING,FLUORIDE PLASMA			
GLUCOSE, FASTING, PLASMA	91	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	4.8	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	91.1		mg/dL
*** LIPID PROFILE, SERUM**			
CHOLESTEROL	148	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL

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TRIGLYCERIDES	57		Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	62		General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	83		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	86		Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	11.4		Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	**2.4**	**Low**	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.3		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

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Test Report Status	**Preliminary**	Results	Units

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis.The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction.Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A.CAD with > 1 feature of high risk group
	B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	**Treatment Goals**	**Consider Drug Therapy**

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Test Report Status **Preliminary**	Results	Units

	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

*** LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	0.86	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.32	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.54	0.00 - 0.60	mg/dL
TOTAL PROTEIN	6.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.5	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.3	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.9	General Range : 1.1 - 2.5	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	Adults : < 34	U/L
ALKALINE PHOSPHATASE	62	Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	9	Adult (female) : < 40	U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	6.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL

URIC ACID, SERUM

URIC ACID	4.2	Adults : 2.4-5.7	mg/dL

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

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Test Report Status **Preliminary**	Results		Units
ABO GROUP	TYPE O		
RH TYPE	NEGATIVE		
METHOD : COLUMN AGGLUTINATION TECHOLOGY			
BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	13.2	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRIC			
RED BLOOD CELL COUNT	4.26	3.8 - 4.8	mil/µL
METHOD : IMPEDANCE VARIATION			
WHITE BLOOD CELL COUNT	4.84	4.0 - 10.0	thou/µL
PLATELET COUNT	296	150 - 410	thou/µL
METHOD : IMPEDANCE VARIATION			
RBC AND PLATELET INDICES			
HEMATOCRIT	40.2	36 - 46	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOL	94.3	83 - 101	fL
MEAN CORPUSCULAR HGB.	31.0	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.8	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	14.4	12.0 - 18.0	%
MENTZER INDEX	22.1		
MEAN PLATELET VOLUME	7.8	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	57	40 - 80	%
LYMPHOCYTES	31	20 - 40	%
MONOCYTES	8	2 - 10	%
EOSINOPHILS	4	1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.76	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.50	1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT	0.39	0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.19	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0.0		thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.8		

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ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	6	0 - 20	mm at 1 hr
*** SUGAR URINE - POST PRANDIAL**			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
*** THYROID PANEL, SERUM**			
T3	97.39	80 - 200	ng/dL
T4	7.33	5.1 - 14.1	µg/dl
TSH 3RD GENERATION	3.100	Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

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Interpretation(s)

Triiodothyronine T3 , **Thyroxine T4,** and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4**.**

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE

COLOR	YELLOWISH	
APPEARANCE	CLEAR	

CHEMICAL EXAMINATION, URINE

PH	5.0	4.7 - 7.5

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Tel : 93334 93334, Fax : CIN - U85190MH2006PTC
Email : customercare.ddrc@srl.in

PATIENT NAME : MRS HARITHA G PATIENT ID : **MRSHF1102874182**

ACCESSION NO : **4182WB004612** AGE : 36 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:00 REPORTED : 13/02/2023 07:27

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Units	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
PROTEIN	NEGATIVE	NOT DETECTED	
GLUCOSE	NEGATIVE	NOT DETECTED	
KETONES	NEGATIVE	NOT DETECTED	
BLOOD	**DETECTED (+) IN URINE**	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
METHOD : DIPSTICK			
NITRITE	NEGATIVE	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	**1 - 2**	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	3-5	0-5	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		

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DIAGNOSTIC REPORT

Patient Ref. No. 666000003357549

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

Cert. No. MC-2812

DDRC SRL DIAGNOSTICS
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC
Email : customercare.ddrc@srl.in

PATIENT NAME : MRS HARITHA G PATIENT ID : **MRSHF1102874182**

ACCESSION NO : **4182WB004612** AGE : 36 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:00 REPORTED : 13/02/2023 07:27

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Units

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

*** SUGAR URINE - FASTING**

SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED
*** PHYSICAL EXAMINATION,STOOL**	RESULT PENDING	
*** CHEMICAL EXAMINATION,STOOL**	RESULT PENDING	
*** MICROSCOPIC EXAMINATION,STOOL**	RESULT PENDING	

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DIAGNOSTIC REPORT

Patient Ref. No. 666000003357549

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

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Test Report Status **Preliminary**	Results	Units

Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointentestinal tract like infection, malabsorption, etc.The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days.Stool specimens for parasitic examination should be collected before initiation of antidiarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects& reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

1. **Stool Culture**:- This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
2. **Fecal Calprotectin**: It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
3. **Fecal Occult Blood Test(FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
4. **Clostridium Difficile Toxin Assay**: This test is strongly recommended in healthcare associated bloody or waterydiarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
5. **Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentry, Rice watery Stool, FDA approved, Biofire Film Array Test,(Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria,fungi,virus ,parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.

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DIAGNOSTIC REPORT

Patient Ref. No. 666000003357549

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

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ACCESSION NO : **4182WB004612** AGE : 36 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 11/02/2023 08:00 REPORTED : 13/02/2023 07:27

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Preliminary**	Results	Units

6. **Rota Virus Immunoassay**: This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomitting& abdominal cramps. Adults are also affected. It is highly contagious in nature.

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Scan to View Report

DIAGNOSTIC REPORT

Patient Ref. No. 666000003357549

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

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Test Report Status **Preliminary**	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO

*** ECG WITH REPORT**

REPORT

Report given

*** USG ABDOMEN AND PELVIS**

REPORT

Report given

*** CHEST X-RAY WITH REPORT**

REPORT

Report given

*** 2D - ECHO WITH COLOR DOPPLER**

REPORT

Report given

****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.

BABU K MATHEW
HOD -BIOCHEMISTRY

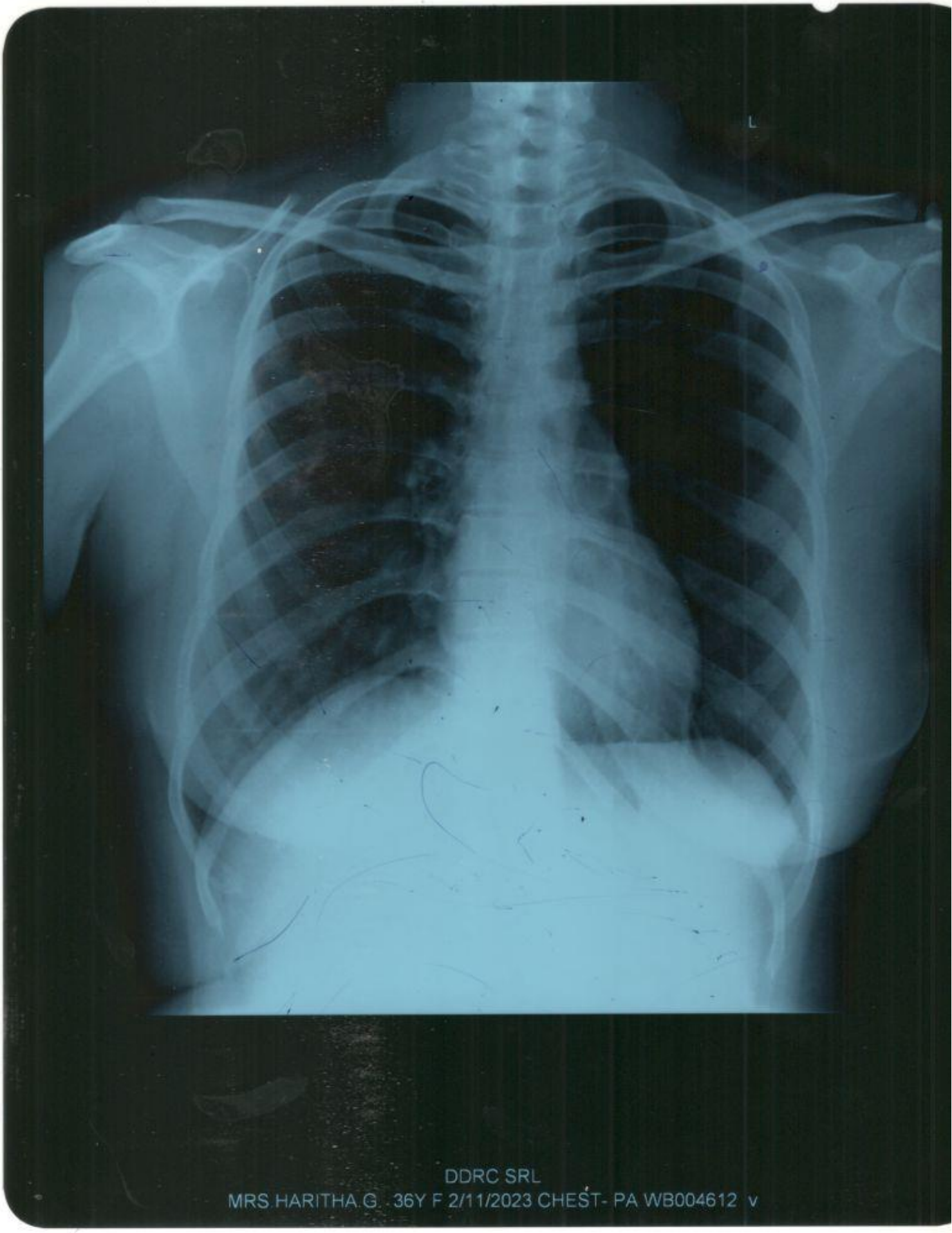
DR.VAISHALI RAJAN, MBBS
DCP(Pathology)
(Reg No - TCC 27150)
HOD - HAEMATOLOGY

DR. ASTHA YADAV, MD
Biochemistry
(Reg No - DMC/R/20690)
CONSULTANT BIOCHEMIST

DR NISHA UNNI, MBBS,MD
(RD),DNB (Reg.No:50162)
Consultant Radiologist

Scan to View Details

Scan to View Report


L
DDRC SRL
MRS.HARITHA.G. 36Y F 2/11/2023 CHEST- PA WB004612 v

V1	V2	V3	V4

ID: 004612

Diagnosis Information:

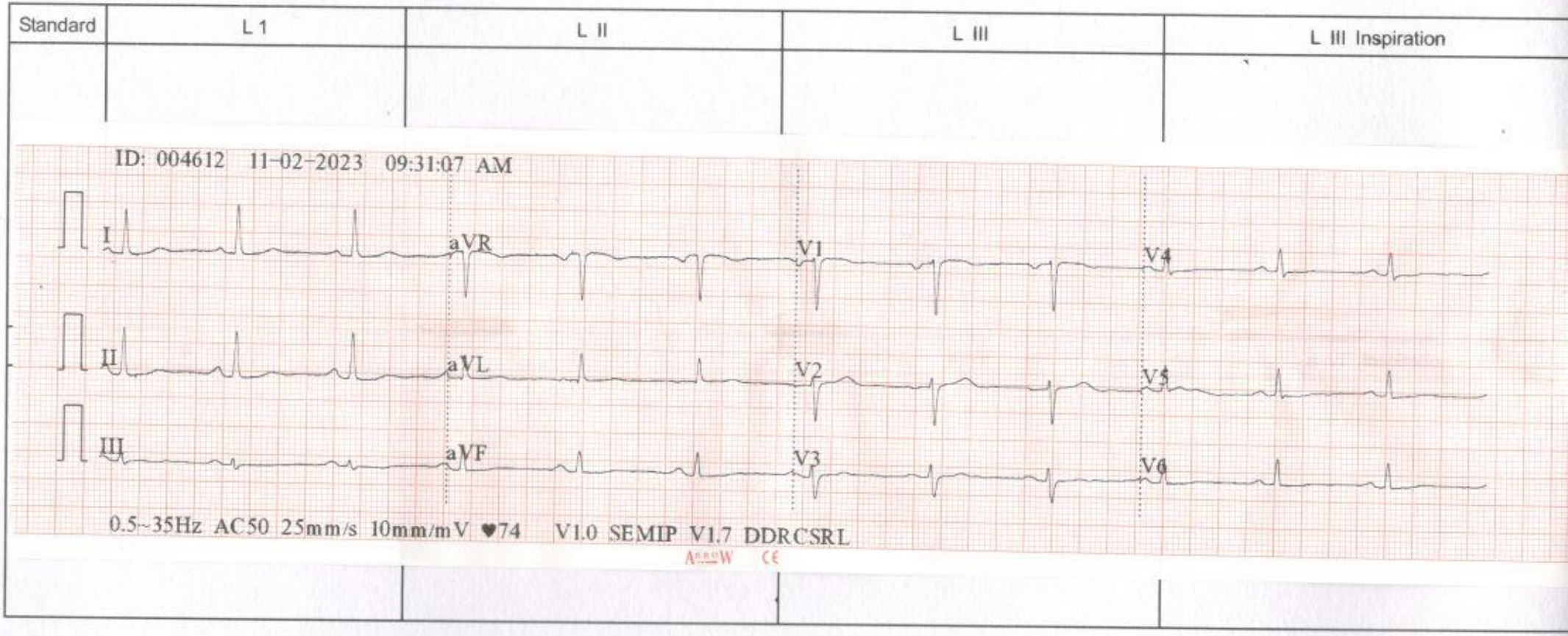
Female / mmHg
36Years
cm kg

Mr Hussain.

/6 Standard

HR : 72 bpm
P : 116 ms
PR : 163 ms
QRS : 73 ms
QT/QTc : 365/400 ms
P/QRS/T : 61/30/25 °
RV5/SV1 : 0.468/0.894 mV Report Confirmed by:

DHC SRL Diagnostic MEDICAL COLLEGE PVT LTD


Standard
L I
L II
L III
L III Inspiration
ID: 004612 11-02-2023 09:31:07 AM
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.5~35Hz AC50 25mm/s 10mm/mV ♥74 V1.0 SEMIP V1.7 DDRCSRL

LABORATORY SERVICES

DDRC SRL
Diagnostic Services

MEDICAL EXAMINATION REPORT (MER)

Bp: 110/70 mmHg

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. Haritha. G
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): Black mole over ② Side of chee
3. Age/Date of Birth	:	36 (4/1/1987) Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ..... 156 ..... (cms) b. Weight ..... 62 ..... (Kgs) c. Girth of Abdomen ..... (cms)

d. Pulse Rate ..... (/Min) e. Blood Pressure: 110/70 mmHg Systolic 110 Diastolic 70

1st Reading		
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			70 (Ca).
Mother	63	DM/HTN/DLP	
Brother(s)			
Sister(s)			

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

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

CIN : U85190MH2006PTC161480

(Refer to " CONDITIONS OF REPORTING " Overleaf)

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

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;

.....

.....

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

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. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

DDRC SRL Diagnostics Pvt. Ltd. MEDICAL COLLEGE

Date & Time : 17/02/2023.

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
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

COLOUR DOPPLER
ULTRASOUND SCANNING
ECHO

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

Acc no:4182WB004612	Name: Mrs. Haritha G	Age: 36 y	Sex: Female	Date: 11.02.23

RADIOLOGY DIVISION

US SCAN WHOLE ABDOMEN (TAS + TVS)

LIVER is normal in size (11.2 cm). Margins are regular. Hepatic parenchyma shows normal echogenicity. No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (10.9 mm).

GALL BLADDER is partially distended and grossly normal. No pericholecystic fluid seen.

SPLEEN is normal in size (9.2 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and part of body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (10.5 x 3.5 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (10 x 4.3 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA *(Upper part visualised)* No retroperitoneal lymphadenopathy or mass seen.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

UTERUS measures 8.4 x 4.1 x 4.8 cm. **Myometrial echopattern appears inhomogeneous.** No focal lesions seen. Endometrial thickness is 6.7 mm. **Nabothian cysts noted in cervix, largest measuring 8.5 mm.**

Both ovaries are normal. Right ovary measures 3 x 1.7 cm. Left ovary measures 3.4 x 1.8 cm. **Right adnexa shows bilobed cyst with asymmetric locules measuring 2.4 x 1.7 cm. Interveining septum is thin. No internal vascularity.** No fluid in pouch of Douglas.

No ascites or pleural effusion.

Gaseous distension of bowel loops noted. No obvious bowel wall thickening seen sonologically.

Fat containing umbilical hernia noted through a defect measuring ~ 10 x 9.9 mm.

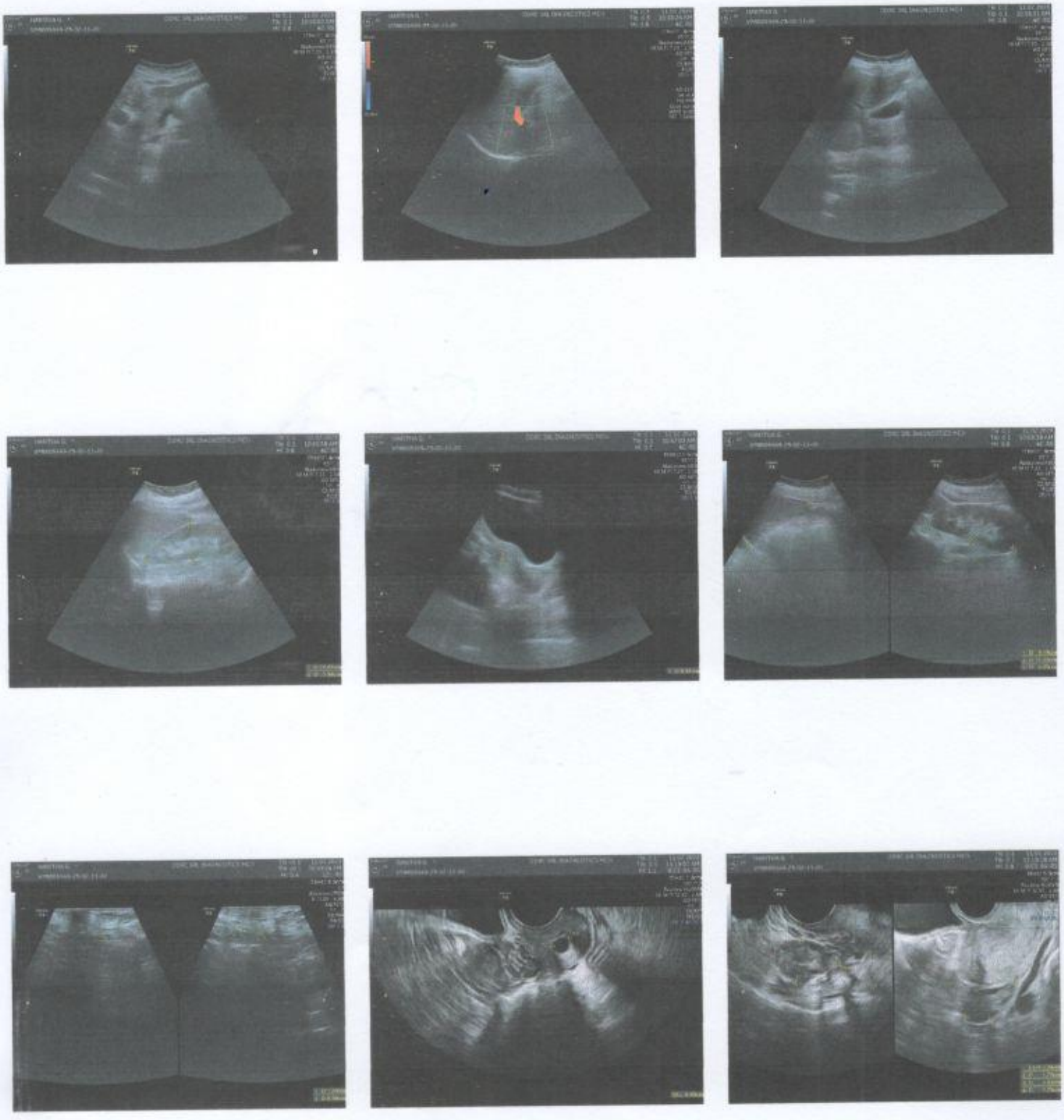
CONCLUSION:-

- **Right adnexal cyst - possibly para ovarian / para tubal cyst.**
- **Inhomogeneous uterine myometrium - ? Due to seedling fibroids.**
- **Fat containing umbilical hernia.**

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

COMPLETE IMAGING SOLUTIONS

Thanks for referral. Your feedback will be appreciated.
(Please bring relevant investigation reports during all visits)
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations consultations , and if required repeat imaging recommended in the event of controversities. AR



DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

NAME : MRS HARITHA G	AGE:36/M	DATE:12/02/2023

CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
No cardiomegaly
Normal vascularity
No parenchymal lesion.
Costophrenic and cardiophrenic angles clear

➢ **IMPRESSION** **: Normal Chest Xray**

ELECTRO CARDIOGRAM : NSR.72/minute
No evidence of ischaemia.

➢ **IMPRESSION** **: Normal Ecg.**

DDRC SRL Diagnostics LTD MEDICAL COLLEGE

DR. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Medical College P.O., TVM
Reg. No. 77656

Company name: BOB

DR SERIN LOPEZ MBBS
Reg No 77656
DDRC SRL DIAGNOSTICS LTD