Name	: **Ms. ANIMA SINGH**	**Register On**	: 26/03/2022 9:30 AM
PID No.	: MED111034562	**Collection On**	: 26/03/2022 10:50 AM
SID No.	: 922018320	**Report On**	: 27/03/2022 5:22 PM
Age / Sex	: 51 Year(s) / Female	**Printed On**	: 29/03/2022 6:13 PM
Ref. Dr	: **MediWheel**	**OP / IP**	: OP

MEDALL

PAP Smear by LBC(Liquid based Cytology)

Nature of Specimen: Vaginal vault smear.

Lab no GC:346/22

Specimen type : Liquid based preparation.

Specimen adequacy : Satisfactory for evaluation.

Endocervical / Transformation zone cells : Absent.

General categorization : Within normal limits

DESCRIPTION : Smear shows few superficial squamous cells with intermediate cells with predominant parabasal and basal cells .

INTERPRETATION : Negative for intraepithelial lesion or malignancy-Atrophic smears with inflammation.

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
ANIMA SINGH
RAJENDRA PRASAD SINGH
01/05/1970
Permanent Account Number
EZBPS5566K
Anima Singh
Signature
12062013

MEDALL

Sign-up & Health Assessment Form

To be filled by Customer

ame: Mr/Ms/Mrs ANIMA SING

ender: O Male O Female Age: 52 years DOB: 01 / 05 / 1970

lobile: Pincode:

mail:

Bar code

Vitals

To be filled by Technician

Height:	156.	cms
Waist:	43.	in.
Hip:	32	in.
Weight:		kg
Fat:		%
Visc. Fat:		%
RM:		cal
BMI:		kg/m^2
Body Age:		years
Sys. BP:	140	mmHg
Dia. BP:	94	mmHg

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)	O Yes	O No
Hypertension (BP)	O Yes	O No
Cardiovascular Disease (Heart)	O Yes	O No
Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)	O Yes	O No
Neurological Problems (Nerve)	O Yes	O No

Are you currently taking medications for?

Diabetes (Sugar)	O Yes	O No
Hypertension (BP)	O Yes	O No
Cardiovascular Disease (Heart)	O Yes	O No
Liver Disease	O Yes	O No
Cancer	O Yes	O No
Tuberculosis (TB)	O Yes	O No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)	O Yes	O No
Hypertension (BP)	O Yes	O No
Cardiovascular Disease (Heart)	O Yes	O No
Cancer	O Yes	O No

Lifestyle

Do you exercise regularly?	O Yes	O No
Do you consume alcohol more than 2 times a week?	O Yes	O No
Do you smoke/chew tobacco?	O Yes	O No
Are you vegetarian?	O Yes	O No

General

Do you see a doctor at least once in 6 months?	O Yes	O No
Do you undergo a health checkup every year?	O Yes	O No

How would you rate your overall Health? O Excellent O Good O Normal O Poor O Very Poor

Women's Health

Is there a family history of Breast Cancer?	O Yes	O No
Is there a family history of Endometrial (Uterus) Cancer?	O Yes	O No
Is there a family history of Ovarian Cancer?	O Yes	O No
Do you have irregular periods?	O Yes	O No
Do you have heavy bleeding during periods?	O Yes	O No
Do you have scanty periods?	O Yes	O No
Have you attained Menopause?	O Yes	O No
Do you have children?	O Yes	O No
Was it a normal delivery?	O Yes	O No
Did you have diabetes/hypertension during delivery?	O Yes	O No

Signature:

Customer Name	Anuma Singh	Customer ID	11103456 2
Age & Gender	52	Visit Date	26/3/22

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal.

Dr. RAVI V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11801

Vital Signs™ 226 166 05

CE 0537 LOT D 661

, Ms.ANIMA SINGH
ID: 111034562

26.03.2022 12:29:13
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

83 bpm
-- / -- mmHg

Female
51 Years

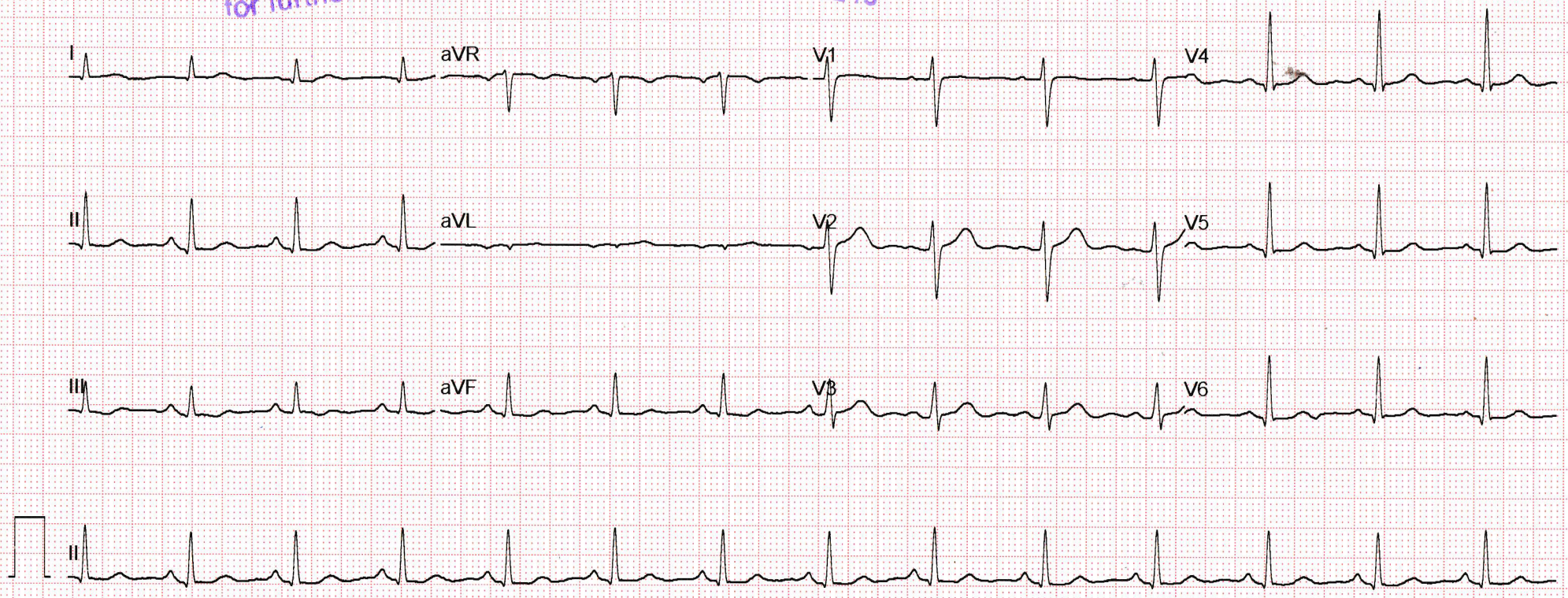
QRS	80 ms
QT / QTcBaz	356 / 418 ms
PR	152 ms
P	104 ms
RR / PP	724 / 722 ms
P / QRS / T	84 / 68 / 44 degrees

TO BE XEROXED

Technician: koms
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:

(Needs Clinical Correlation for further Management)

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

medall
DIAGNOSTICS
experts who care

Name	ANIMA SINGH	Customer ID	MED111034562
Age & Gender	51Y/F	Visit Date	Mar 26 2022 9:29AM
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. H.K. ANAND **DR. SHWETHA S** **DR. PRAJNA SHENOY** **DR. MAHESH M S**

CONSULTANT RADIOLOGISTS

medall
DIAGNOSTICS
experts who care

Name	MS.ANIMA SINGH	ID	MED111034562
Age & Gender	51Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

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	9.6	1.0
Left Kidney	9.4	1.2

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

UTERUS is not visualised – post hysterectomy status.

OVARIES are not visualised – ? post operative status / ? atrophic.

No evidence of ascites.

Impression: ***Essentially normal study.***

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND **DR. PRAJNA SHENOY** **DR. MAHESH. M. S** **DR. RADHA KRISHNA. A.**

DR. HIMA BINDU.P
Hbp/so

Name	**MS.ANIMA SINGH**	**ID**	**MED111034562**
Age & Gender	**51Y/FEMALE**	**Visit Date**	**26/03/2022**
Ref Doctor	**MediWheel**		

X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

BILATERAL MAMMOGRAPHY

Breast composition category III -The breasts are heterogeneously dense fibroglandular tissue, which may obscure small masses.

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Bilateral breasts show heterogeneously hyperechoic parenchymal echotexture with multiple cystic areas, largest measuring 7 x 3mm at 10 o'clock position of right breast and 6 x 4mm at 12 – 1 o'clock position of left breast.

No evidence of focal solid areas.

No evidence of ductal dilatation.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 5 x 4 mm (right) and 7 x 3 mm (left).

Impression: ***Fibrocystic disease in bilateral breasts.***

ASSESSMENT: BI-RADS CATEGORY -2

BI-RADS CLASSIFICATION

CATEGORY	RESULT
2	Benign finding. Routine mammogram in 1 year recommended.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND **DR. PRAJNA SHENOY** **DR. MAHESH. M. S** **DR. RADHA KRISHNA. A.**

DR. HIMA BINDU.P

Hbp/so

medall DIAGNOSTICS experts who care

Name	MS.ANIMA SINGH	ID	MED111034562
Age & Gender	51Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA		:	3.10	cms
LEFT ATRIUM		:	3.14	cms
AVS		:	1.31	cms
LEFT VENTRICLE	(DIASTOLE)	:	4.00	cms
	(SYSTOLE)	:	2.49	cms
VENTRICULAR SEPTUM	(DIASTOLE)	:	0.78	cms
	(SYSTOLE)	:	1.84	cms
POSTERIOR WALL	(DIASTOLE)	:	1.06	cms
	(SYSTOLE)	:	1.92	cms
EDV		:	70	ml
ESV		:	22	ml
FRACTIONAL SHORTENING		:	35	%
EJECTION FRACTION		:	65	%
EPSS		:		cms
RVID		:	2.08	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.01m/s 'A' -0.82 m/s	NO MR
AORTIC VALVE	:1.37 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR

medall
DIAGNOSTICS
experts who care

Name	MS.ANIMA SINGH	ID	MED111034562
Age & Gender	51Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	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 prolapse.
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 : 65 %**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

(ECTOPICS OBSERVED DURING THE STUDY)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/*Spectrophotometry*)	**12.0**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance*)	38.6	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation*)	4.83	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance*)	80.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance*)	**24.9**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance*)	**31.1**	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance*)	15.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance*)	42.00	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation*)	4000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	56.0	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	36.0	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	1.3	%	01 - 06

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	6.0	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.7	%	00 - 02
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.24	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.44	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.05	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.24	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)* **Remark:** Platelets decreased on smear	**99 (Rechecked)**	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	**15.6**	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter)*	**0.15**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/*Modified Westergren)*	16	mm/hr	< 30

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*Diazotized Sulfanilic Acid)*	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.3	mg/dL	0.1 - 1.0
Total Protein (Serum/*Biuret)*	7.5	gm/dL	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.5	gm/dL	3.5 - 5.2
Globulin (Serum/*Derived)*	3.0	gm/dL	2.3 - 3.6
A : G Ratio (Serum/*Derived)*	1.5		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC Kinetic)*	22	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic)*	14	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC Kinetic)*	103	U/L	53 - 141
GGT(Gamma Glutamyl Transpeptidase) (Serum/*SZASZ standarised IFCC)*	14	U/L	< 38

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase)*	191	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol phosphate oxidase / peroxidase)*	74	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)*	**70**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	106.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	14.8	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	121.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
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)*	1.1		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

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	**6.0**	%	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)	125.5	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 glycemic 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.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/*CMIA)*	1.17	ng/mL	0.4 - 1.81

INTERPRETATION:
Comment :
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/*CMIA)*	9.28	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/*Chemiluminescent Microparticle Immunoassay(CMIA))*	1.60	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine)	Pale yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	
CHEMICAL EXAMINATION(Automated-Urineanalyser)			
pH (Urine/*AUTOMATED URINANALYSER*)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/*AUTOMATED URINANALYSER*)	0.2		0.2 - 1.0
Blood (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Nitrite (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Bilirubin (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Leukocytes (Urine)	Negative	leuco/uL	Negative
MICROSCOPY(URINE DEPOSITS)			
Pus Cells (Urine/*Flow cytometry*)	3-5	/hpf	3-5
Epithelial Cells (Urine)	1-2	/hpf	1-2
RBCs (Urine/*Flow cytometry*)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/*Flow cytometry*)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	11.7		6 - 22
Glucose Fasting (FBS) (Plasma - F/*GOD - POD)*	90	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	89	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-GLDH)*	7	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe Kinetic)*	0.6	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration,Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/*Uricase/Peroxidase)*	4.5	mg/dL	2.6 - 6.0

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Ms. ANIMA SINGH**		
PID No.	: MED111034562	**Register On**	: 26/03/2022 9:30 AM
SID No.	: 922018320	**Collection On**	: 26/03/2022 10:50 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 27/03/2022 5:22 PM
Type	: OP	**Printed On**	: 29/03/2022 6:12 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

-- End of Report --