PID No.
 : MED111862381
 Register On
 : 23/09/2023 11:10 AM

 SID No.
 : 80406754
 Collection On
 : 23/09/2023 12:16 PM

 Age / Sex
 : 39 Year(s) / Female
 Report On
 : 23/09/2023 5:21 PM

 Type
 : OP
 Printed On
 : 27/09/2023 4:08 PM

Ref. Dr : MediWheel

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'O' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	12.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV)	37.2	%	37 - 47
RBC Count (Blood/Electrical Impedance)	4.39	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/Calculated)	84.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated)	28.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Calculated)	33.3	g/dL	32 - 36
RDW-CV (Calculated)	15.1	%	11.5 - 16.0
RDW-SD (Calculated)	44.76	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Electrical Impedance)	10490	cells/cu.m m	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	66.14	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	24.26	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	3.83	%	01 - 06







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Monocytes (Blood/ <i>Impedance and absorbance</i>)	5.47	%	01 - 10
Basophils (Blood/Impedance and absorbance)	0.29	%	00 - 02
INTERPRETATION: Tests done on Automated F	ive Part cell counter. Al	l abnormal results are re	eviewed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance and absorbance)	6.94	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ <i>Impedance</i>)	2.54	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance)	0.40	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance)	0.57	10^3 / μl	< 1.0
Absolute Basophil count (Blood/Impedance)	0.03	10^3 / μl	< 0.2
Platelet Count (Blood/Impedance)	2.3	lakh/cu.m m	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5	lakhs will be confirmed	microscopically.	
MPV (Blood/Derived from Impedance)	7.25	fL	8.0 - 13.3
PCT (Calculated)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	08	mm/hr	< 20
BUN / Creatinine Ratio	11.8		
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	94	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
INTERPRETATION: Factors such as type, question blood glucose level.	quantity and time of food intake	e, Physical activity, F	sychological stress, and drugs can influence
Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS)	75	mg/dL	70 - 140

(Plasma - PP/GOD - POD) **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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Calculated)	10.7	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe - Alkaline Picrate)	0.9	mg/dL	0.6 - 1.1
Uric Acid (Serum/Uricase/Peroxidase)	3.8	mg/dL	2.6 - 6.0
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	2.4 (Rechecked)	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.8 (Rechecked)	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Calculated)	1.60 (Rechecked)	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	14	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	17	U/L	5 - 41







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	78	U/L	42 - 98
Total Protein (Serum/Biuret)	7.4	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	3.20	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated) INTERPRETATION: Enclosure : Graph	1.31		1.1 - 2.2
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27	U/L	< 38
Lipid Profile			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	165	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	62	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 64 mg/dL Optimal(Negative Risk Factor): >= 60 (Serum/Immunoinhibition)

Borderline: 50 - 59
High Risk: < 50









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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
LDL Cholesterol (Serum/Calculated)	88.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	101.0	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.6	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	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)







APPROVED BY

The results pertain to sample tested.

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Lab Address: MEDALL HEALTH CARE PVT LTD,#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

PID No. : MED111862381 **Register On** : 23/09/2023 11:10 AM : 80406754 SID No. Collection On : 23/09/2023 12:16 PM Age / Sex : 39 Year(s) / Female Report On : 23/09/2023 5:21 PM **Type** : OP **Printed On** : 27/09/2023 4:08 PM

Ref. Dr : MediWheel

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C (Whole Blood/ <i>HPLC-Ion exchange</i>)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4
(Diabetic: $\geq = 6.5$

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Mean Blood Glucose 105.41 mg/dl

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term 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 HbAlC 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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.247 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 10.84 µg/dl 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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) 0.096 μIU/mL 0.35 - 5.50

(Serum/Chemiluminescence)









APPROVED BY

The results pertain to sample tested.

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Ref. Dr : MediWheel

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

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.

Urine Analysis - Routine

NIL Others

(Urine/Microscopy)

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour Pale yellow Yellow to Amber

(Urine/Physical examination)

Appearance Clear Clear

(Urine/Physical examination)

<u>Chemical Examination(Urine Routine)</u>

Protein Negative Negative

(Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method)

Negative Negative Glucose

(Urine/Dip Stick Method / Glucose Oxidase -Peroxidase / Benedict s semi quantitative method.)

Microscopic Examination(Urine

Routine)









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The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Pus Cells (Urine/Microscopy exam of urine sediment)	2-4	/hpf	0 - 5
Epithelial Cells (Urine/Microscopy exam of urine sediment)	5-6	/hpf	NIL
RBCs (Urine/Microscopy exam of urine sediment)	NIL	/hpf	0 - 5







APPROVED BY

-- End of Report --

Name	Mrs. SARELLA VINAYA SUDHA	Customer ID	MED111862381
Age & Gender	39Y/F	Visit Date	Sep 23 2023 11:09AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver : Normal in size (13.5 cm) with regular outlines and normal

echopattern.

There is no evidence of IHBR / EHBR dilatation seen.

No focal space occupying lesions seen.

CBD is normal. PV normal.

Gall Bladder : Normal in volume and wall thickness.

No e/o intraluminal calculi seen.

Pancreas : Head, body and tail are identified with normal echopattern

and smooth outlines.

Spleen : Measured 10.4 cm, in size with normal echotexture.

Right kidney : Measured 9.9 x 4.4 cm in size.

Left kidney : Measured 9.4 x 4.0 cm in size.

Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal

anatomy.

No e/o calculi / space occupying lesion seen. No e/o suprarenal / retroperitoneal masses noted.

Urinary : Normal in volume and wall thickness. bladder No e/o intraluminal calculi / masses seen.

Uterus: Measured 7.1 x 4.6 x 5.3 cm in size with normal

myometrial and endometrial echotexture. Endometrial echo

measured 9 mm.

Right ovary: Measured 2.1 x 1.7 cm in size. **Left ovary**: Measured 2.2 x 1.7 cm in size.

Both ovaries are normal in size and appearance.

No e/o ascites / pleural effusion seen. No e/o detectable bowel pathology seen.

Name	Mrs. SARELLA VINAYA SUDHA	Customer ID	MED111862381
Age & Gender	39Y/F	Visit Date	Sep 23 2023 11:09AM
Ref Doctor	MediWheel		

IMPRESSION:

- Essentially normal study.
- For clinical correlation.

Dr. Jahn avi Barla, MD (RD)

Consultant Radiologist

Name	Mrs. SARELLA VINAYA SUDHA	Customer ID	MED111862381
Age & Gender	39Y/F	Visit Date	Sep 23 2023 11:09AM
Ref Doctor	MediWheel		

RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

IMPRESSION:

- Essentially normal study.
- For clinical correlation.

Dr. Jahn av i Barla, MD (RD)

Consultant Radiologist

FITNESS CERTIFICATE



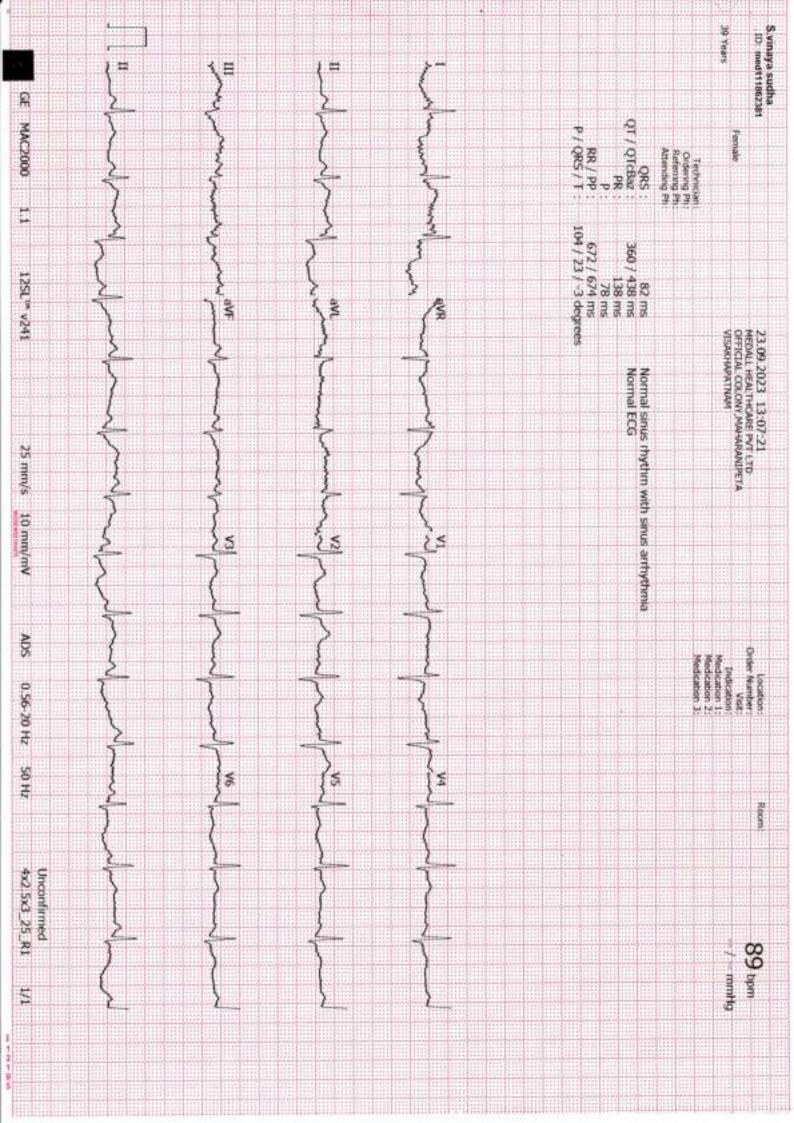
NAME:	Spoulle	Viraye	Solla	AGE:	394	1		
HT:	CMS:	0		WT:	0.11	KGS;	SEX: P.	

PARAMETERS	MEASUREMENTS				
PULSE/BP(supine)	fift 7 /mmHg				
INSPIRATION	•				
EXPIRATION					
CHEST CIRCUMFERENCE					
PREVIOUS HANESS					
UNSHON	GB. NOW				
FAMILY HISTORY	FATHER:				

REPURIS:

CONSULTANT PHYSICIAN
Dr. Lanka Prasad, M. B. B. S.
Reg. No. 18363
CIVIL ASSISTANT SURGEON
MEDICAL OFFICER

Primary Health Centre KASIMKOTA-531 031 VISAKHA Dist.



FITNESS CERTIFICATE



HT: 149 CMS: Viraye Sich GE: KGS:

PARAMETERS	MEASUREMENTS
PULSE/BP(supine)	11st 7 /mmHg 120/80
INSPIRATION	32
EXPIRATION	33
THEST CIRCUMFERENCE	34
REVIOUS ILLNESS	
TSION	GB. NOW
AMILY HISTORY	FATHER:

REPORTS:

CONSULTANT PHYSICIAN
Dr. Lanka Frasad, M. B. B. S.
Reg. No. 18363
Civil Assistant Surgeon
MEDICAL OFFICER

Primary Health Centre KASIMKOTA-531 031 VISAKHA Dist.

