

Mahesh
Mob:8618385220
9901569756



ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

SRI PARVATHI OPTICS

Multi Branded Optical Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Name: Shubha Agardolu No. 4127
Mobil No: _____ Date: 2/12/2023
Age / Gender 39Y/M Ref. No. 111150994

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|--------------|-----|------|------------|--------------|-----|------|------------|
| | SPH | CYL | AXIS | VISION | SPH | CYL | AXIS | VISION |
| DISTANCE | <u>Plano</u> | | | <u>6/6</u> | <u>Plano</u> | | | <u>6/6</u> |
| NEAR | | | | | | | | |

PD 62MM

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS
NEW THIPPASANDRA

CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date : 02/12/2023 09:20 AM



MEDID# 1150997



MEDALL

Customer Name : MRS. SHUBHA AGRAWAL

Ref Dr Name : MediWheel

Customer Id : MED11150997 Visit ID : 423071918

Age : 39Y/FEMALE Phone No : 8003311666

DOB : 02 Sep 1984 Visit Date : 02/12/2023

Company Name : MediWheel

Package Name : Mediwheel Full Body Health Checkup Female Below 40

| S.No | Modality | Study | AccessionNo | Time | Signature |
|------|----------|---|-----------------|------|-----------|
| 1 | LAB | BLOOD UREA NITROGEN (BUN) | | | |
| 2 | LAB | CREATININE | | | |
| 3 | LAB | GLUCOSE - FASTING | | | |
| 4 | LAB | GLUCOSE - POSTPRANDIAL (2 HRS) | | | |
| 5 | LAB | GLYCOSYLATED HAEMOGLOBIN (HbA1c) | | | |
| 6 | LAB | URIC ACID | | | |
| 7 | LAB | LIPID PROFILE | | | |
| 8 | LAB | LIVER FUNCTION TEST (LFT) | | | |
| 9 | LAB | THYROID PROFILE/ TFT(T3, T4, TSH) | | | |
| 10 | LAB | URINE GLUCOSE + FASTING | | | |
| 11 | LAB | URINE GLUCOSE - POSTPRANDIAL (2 Hrs) | | | |
| 12 | LAB | COMPLETE BLOOD COUNT WITH ESR | | | |
| 13 | LAB | STOOL ANALYSIS - ROUTINE | | | |
| 14 | LAB | URINE ROUTINE | | | |
| 15 | LAB | BUN/CREATININE RATIO | | | |
| 16 | LAB | BLOOD GROUP & RH TYPE (Forward Reverse) | | | |
| 17 | ECG | ECG | IND14355061138 | | |
| 18 | OTHERS | Telermill / 2D Echo | IND143550614690 | | |
| 19 | OTHERS | physical examination | IND143550615279 | | |
| 20 | US | ULTRASOUND ABDOMEN | IND143550615292 | | |
| 21 | OTHERS | EYE CHECKUP | IND143550617756 | | |
| 22 | X-RAY | X RAY CHEST | IND143550618659 | | |
| 23 | OTHERS | Consultation Physician | IND143550618736 | | |

Registered By
(MANJULA KRISHN)

Ht- 155
Wt- 69.7
Bp- 110/80
pulse 89.

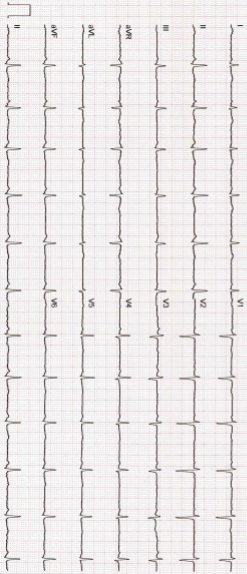


FD01115090704 20230308 20 20 23 105 05

02.12.2023 10:06:02
CLINICAL DIAGNOSTICS
TRIPPLAKAVARA
BANGALORE

52307915-4
PSS - S45486 - ORIGINAL / SERV: 1

| | |
|----------------|----------------------|
| QRS : | 74 ms |
| QT / QTc Baz : | 398 / 438 ms |
| Pq : | 126 ms |
| P : | 78 ms |
| RR / PP : | 822 / 821 ms |
| P / QRS / T : | 56 / 62 / 24 degrees |



GE MACC2000 1 1 12SL w V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

2x56_25_R1

Uncalibrated

1/1

Normal ECG

Dr. SUBRAMANI, K.S
 MD, DM (Cardiology)
 Consultant Cardiologist
 KMC Reg. No. : 46604
 MEDICAL DIAGNOSTICS

73 bpm
 -- / -- mmHg

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Type : OP
Ref. Dr : MediWheel

Register On : 02/12/2023 9:20 AM
Collection On : 02/12/2023 11:04 AM
Report On : 02/12/2023 7:10 PM
Printed On : 04/12/2023 1:34 PM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|---------------------------|--------------------------------------|
| Basophils (Blood) | 0.8 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (EDTA Blood) | 3.94 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood) | 1.93 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood) | 0.37 | 10 ³ / μ l | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood) | 0.61 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (EDTA Blood) | 0.06 | 10 ³ / μ l | < 0.2 |
| Platelet Count (EDTA Blood) | 269 | 10 ³ / μ l | 150 - 450 |
| MPV (EDTA Blood) | 10.8 | fL | 8.0 - 13.3 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.29 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood) | 34 | mm/hr | < 20 |



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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|--|-----------------------|-------------|--------------------------------------|
| <u>BIOCHEMISTRY</u> | | | |
| <u>Liver Function Test</u> | | | |
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.34 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.16 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.18 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 11.49 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 11.17 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 19.60 | U/L | < 38 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 71.6 | U/L | 42 - 98 |
| Total Protein (Serum/Biuret) | 7.11 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.45 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.66 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.67 | | 1.1 - 2.2 |



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|---|-----------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 123.75 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 80.45 | 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) | 36.03 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
| LDL Cholesterol (Serum/Calculated) | 71.6 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 16.1 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 87.7 | 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.



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|--|-----------------------|-------------|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 3.4 | | 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) | 2.2 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 2 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |



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|--|-----------------------|-------------|---|
| <u>Glycosylated Haemoglobin (HbA1c)</u> | | | |
| HbA1C (Whole Blood/HPLC) | 6.2 | % | 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 131.24 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 glyceimic 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.



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|--|-----------------------|-------------|--------------------------------------|
| Leukocytes(CP) (Urine) | Negative | | |
| <u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u> | | | |
| Pus Cells (Urine) | 0-2 | /hpf | NIL |
| Epithelial Cells (Urine) | 0-2 | /hpf | NIL |
| RBCs (Urine) | 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. | | | |
| Casts (Urine) | NIL | /hpf | NIL |
| Crystals (Urine) | NIL | /hpf | NIL |



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'AB' 'Positive'



| | | | |
|-----------------|----------------|------------|---------------------|
| Name | SHUBHA AGRAWAL | ID | MED111150997 |
| Age & Gender | 39-Female | Visit Date | 02-12-2023 19:10:36 |
| Ref Doctor Name | MediWheel | | |

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | |
|-------------------------------|---|---------|
| AORTA | : | 2.5cms |
| LEFT ATRIUM | : | 2.7cms |
| AVS | : | ---- |
| LEFT VENTRICLE (DIASTOLE) | : | 4.6cms |
| (SYSTOLE) | : | 3.0cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 0.9cms |
| (SYSTOLE) | : | 1.6cms |
| POSTERIOR WALL (DIASTOLE) | : | 1.1cms |
| (SYSTOLE) | : | 1.7cms |
| EDV | : | 95ml |
| ESV | : | 34ml |
| FRACTIONAL SHORTENING | : | 35% |
| EJECTION FRACTION | : | 64% |
| EPSS | : | --- |
| RVID | : | 1.38cms |

DOPPLER MEASUREMENTS:

| | | | | |
|-----------------|---|-------------|-------------|-------|
| MITRAL VALVE | : | E' 0.91 m/s | A' 0.58 m/s | NO MR |
| AORTIC VALVE | : | 1.41 m/s | | NO AR |
| TRICUSPID VALVE | : | E' - m/s | A' - m/s | NO TR |
| PULMONARY VALVE | : | 0.96 m/s | | NO PR |

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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 prolapsed.

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: 64%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/vp

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Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows 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 shows 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 shows 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 | 10.7 | 1.5 |
| Left Kidney | 10.4 | 1.3 |

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

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 6.7mm

Uterus measures as follows: LS: 7.0cms AP: 4.2cms TS: 5.6cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 3.1 x 1.9cms **Left ovary:** 3.5 x 1.9cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

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**DR. APARNA
CONSULTANT RADIOLOGIST**

A/vp

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| | | | |
|--------------|---------------------|------------|-------------------|
| Name | Mrs. SHUBHA AGRAWAL | ID | MED111150997 |
| Age & Gender | 39Y/F | Visit Date | Dec 2 2023 9:20AM |
| 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:

NO SIGNIFICANT ABNORMALITY DETECTED.



DR. APARNA

CONSULTANT RADIOLOGIST