

Name : Mrs. ARTI B SHETTY
PID No. : MED122355392
SID No. : 522319979
Age / Sex : 56 Year(s) / Female
Ref. Dr : MediWheel
Source : MediWheel

Register On : 23/12/2023 8:36 AM
Collection On : 23/12/2023 8:59 AM
Report On : 23/12/2023 5:31 PM
Printed On : 25/12/2023 10:28 AM
Type : OP

REPORT

<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 (EDTA Blood/Agglutination)	'O' 'Positive'		
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INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.7	%	37 - 47
RBC Count (EDTA Blood)	4.47	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.1	g/dL	32 - 36
RDW-CV	15.0	%	11.5 - 16.0
RDW-SD	45.47	fL	39 - 46


Najmul Hussain Khan
Sr Lab Tech
VERIFIED BY




DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Total Leukocyte Count (TC) (EDTA Blood)	6200	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	37.0	%	40 - 75
Lymphocytes (Blood)	57.9	%	20 - 45
Eosinophils (Blood)	1.1	%	01 - 06
Monocytes (Blood)	3.7	%	01 - 10
Basophils (Blood)	0.3	%	00 - 02

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

Absolute Neutrophil count (EDTA Blood)	2.29	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.59	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.07	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.23	$10^3 / \mu\text{l}$	< 1.0

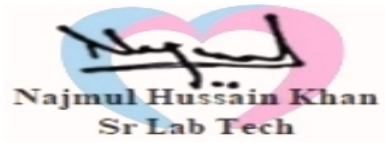


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Absolute Basophil count (EDTA Blood)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	308	10 ³ / μ l	150 - 450
MPV (Blood)	9.6	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	9	mm/hr	< 30



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BIOCHEMISTRY

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	163.42	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	256.65	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)	5.8	mg/dL	7.0 - 21
--	-----	-------	----------

Creatinine (Serum/Modified Jaffe)	0.57	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.


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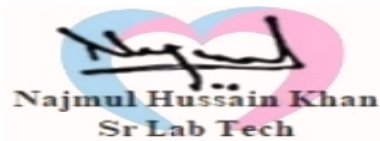
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Uric Acid (Serum/Enzymatic)	3.63	mg/dL	2.6 - 6.0



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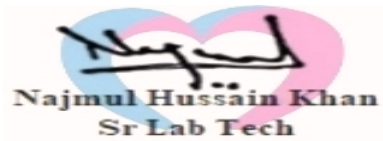
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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.17	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.06	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.89	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	40.65	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	44.00	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	166.4	U/L	53 - 141
Total Protein (Serum/Biuret)	7.38	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.69	gm/dl	3.5 - 5.2



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Globulin (Serum/Derived)	2.69	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.74		1.1 - 2.2



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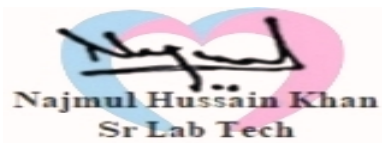
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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	258.16	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	198.83	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very 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)	42.94	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	175.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190



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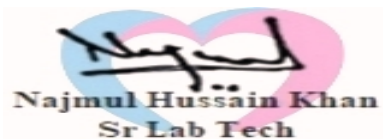
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VLDL Cholesterol (Serum/Calculated)	39.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	215.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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)	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)	4.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u><i>Glycosylated Haemoglobin (HbA1c)</i></u>			
HbA1C (Whole Blood/HPLC)	8.7	%	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 \geq 8.1 %

Estimated Average Glucose 202.99 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 glyceemic 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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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	10.1		6.0 - 22.0


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.10	ng/ml	0.4 - 1.81
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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/ECLIA)	8.21	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.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	0.288	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 μ U/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.007		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal


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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL



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Others
(Urine)

NIL

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.


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Sr Lab Tech
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MD PATHOLOGY
KMC 88902
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-- End of Report --

OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No:12 Lakshmi Nilaya, Ground Floor,
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name **A.H. B. Shetty**
Age **56** F

Ph No. **9880185369**

CHIEF COMPLAINTS

RE / LE / BE : DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness

Nil

Visual Activity:

	RE	LE
Distance/ Near	6/60 6/60	6/60 6/60
With PH		
With Glasses/CL	6/6 6/6	6/6 6/6

R +0.25 DS +0.50 DC @ 160
L +0.25 DS +0.50 DC @ 180

Color Vision: **BE = Normal**

ADD +2.00

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance								
Near								

Advise: Constant Use / Near Use / Distance Only

**Diabetic Retinopathy
Screening once in
Year**

Ravi Kumar H S
M.T. Ravikumar H S
(Consultant Optometrist)

Patient Name	Mrs. Anji B shetty	Date	23/12/2023
Age	56	Visit Number	522319979
Sex	Female	Corporate	mediawheel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 154 cms

Weight : 54.8 kgs

Pulse : 81 /minute

Blood Pressure : 110/70 mm of Hg

BMI : 23

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : } non Ears : } non

Throat : Neck nodes :

RS: B/L AE ⊕; seasonal COPD CVS: S, S, ⊕

PA: soft, RS ⊕ CNS: conscious & alert

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. RITESH RAJ, MBBS
General Physician & Diabetologies
M.O. Reg. No: 85875
Signature
GUMAX DIAGNOSTICS



MRS ARTI B SHETTY
ID: 122355392

Vital Signs™ 226 166 05

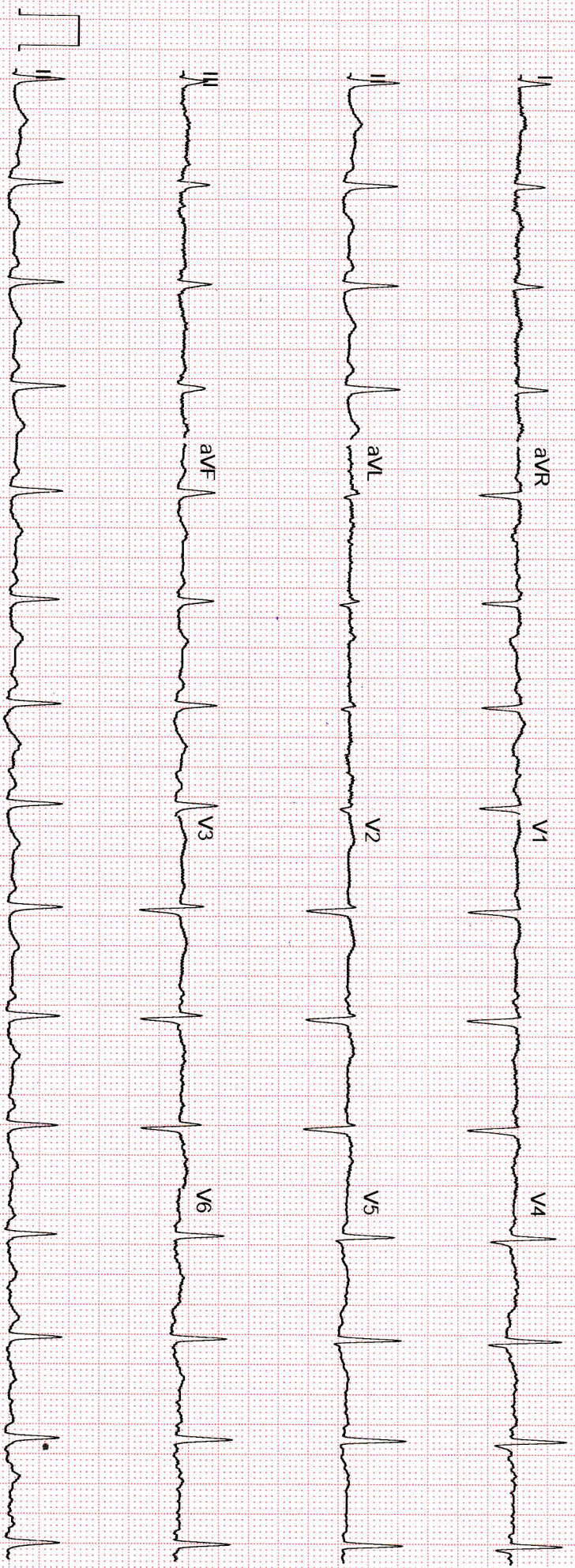
56 Years Female

23.12.2023 9:18:50
CLUMAX DIAGNOSTICS
VYALKAVAI
BANGALORE

Sinus rhythm with short PR
Otherwise normal ECG

QRS : 80 ms
QT / QTcBaz : 386 / 459 ms
PR : 104 ms
P : 50 ms
RR / PP : 702 / 705 ms
P / QRS / T : 45 / 60 / 87 degrees

Handwritten signature



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

85 bpm
--- mmHg

CE 0637 LOT D 790

Unconfirmed

Name	MRS.ARTI B SHETTY	ID	MED122355392
Age & Gender	56Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition Type A (The breasts are almost entirely fatty).

No evidence of focal soft tissue lesion.

Macrocalcification is seen in the left inner quadrant of right breast.

Subcutaneous fat deposition is within normal limits.

Right axillary lymphnode is seen.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Bilateral axillary lymph nodes are seen with preserved fatty hilum.

IMPRESSION:

- **No breast lesions.**
- **Bilateral benign axillary lymph nodes.**

ASSESSMENT: BI-RADS CATEGORY - 2

BI-RADS CLASSIFICATION

CATEGORY RESULT

2 Benign finding. Routine mammogram in 1 year recommended.

**DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST**

Name	MRS.ARTI B SHETTY	ID	MED122355392
Age & Gender	56Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

Hn/Mi

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is mildly enlarged in size (16.1 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

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

SPLEEN shows normal shape, size and echopattern.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	12.1	1.6
Left Kidney	11.9	1.4

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

UTERUS is post hysterectomy status.

OVARIES are not visualized.

No evidence of ascites.

IMPRESSION:

- **Mild hepatomegaly with grade I o II fatty infiltration.**
- **No other significant abnormality detected.**

DR. HEMANANDINI V.N

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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA : 2.34 cms.
 LEFT ATRIUM : 2.48 cms.
 AVS : 1.47 cms.
LEFT VENTRICLE
 (DIASTOLE) : 3.60 cms.
 (SYSTOLE) : 2.16 cms.
VENTRICULAR SEPTUM
 (DIASTOLE) : 1.17 cms.
 (SYSTOLE) : 1.31 cms.
POSTERIOR WALL
 (DIASTOLE) : 0.89 cms.
 (SYSTOLE) : 1.13 cms.
 EDV : 64 ml.
 ESV : 18 ml.
 FRACTIONAL SHORTENING : 38 %
 EJECTION FRACTION : 60 %
 EPSS : --- cms.
 RVID : 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.
 AORTIC VALVE: 1.1 m/s NO AR.
 TRICUSPID VALVE: E - 0.4 m/s A -0.3 m/s NO TR.
 PULMONARY VALVE: 0.8 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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

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Age & Gender	56Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

Name	MRS. ARTI B SHETTY	Customer ID	MED122355392
Age & Gender	56Y/F	Visit Date	Dec 23 2023 8:35AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

No obvious lung opacity.

Cardiac size is within normal limits.

Bilateral perihilar bronchovascular markings are prominent

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

No obvious lung opacity.



Dr.Hemanandini
Consultant Radiologist