Name
 : Mrs. ROSELEENA
 Register On
 : 13/08/2022 9:22 AM

 PID No.
 : MED121240519
 Collection On
 : 13/08/2022 9:38 AM

 SID No.
 : 602207833
 Benort On
 : 13/08/2022 5:34 PM

 SID No.
 : 602207833
 Report On
 : 13/08/2022 5:34 PM

 Age / Sex
 : 35 Year(s) / Female
 Printed On
 : 17/08/2022 3:23 PM

Ref. Dr : MediWheel Type : OP

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

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'O' 'Positive'

/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

If Rh Variant

When Reciepient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

HAEMATOLOGY

Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	39.3	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.41	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	89.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	29.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.4	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	13.7	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	44.0	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7340	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	57.0	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	27.8	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	10.2	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	4.4	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated F microscopically.	Five Part cell counter. Al	l abnormal resu	lts are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	4.18	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.04	10^3 / μΙ	1.5 - 3.5

0.75





Absolute Eosinophil Count (AEC) (Blood/

Impedance Variation & Flow Cytometry)

0.04 - 0.44

 $10^{3} / \mu$ l

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<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.32	10^3 / μΙ	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.05	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	271	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	8.5	fL	8.0 - 13.3
PCT (Blood/Automated Blood cell Counter)	0.231	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	9	mm/hr	< 20
BIOCHEMISTRY			
BUN / Creatinine Ratio	17.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	80.6	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/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	88.9	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.60	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.

Uric Acid (Serum/Enzymatic)	2.9	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.26	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.32	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.94	mg/dL	0.1 - 1.0





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<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.1	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	101.5	U/L	42 - 98
Total Protein (Serum/Biuret)	7.35	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.16	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.19	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.30		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	204.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.9	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)	54.0	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	134.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	150.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very High: >= 220





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Age / Sex : 35 Year(s) / Female **Printed On** : 17/08/2022 3:23 PM

Ref. Dr : MediWheel Type OP

Observed Value Unit **Biological Reference Interval** Investigation

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 Optimal: < 3.3

(Serum/Calculated) 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 1.5 Optimal: < 2.5

(TG/HDL) (Serum/Calculated) Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/ 2.5 Optimal: 0.5 - 3.0

Calculated) Borderline: 3.1 - 6.0

High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC) Normal: 4.5 - 5.6 5.0 %

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) ma/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.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ 0.71 0.7 - 2.04na/ml

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 (Tyroxine) - Total (Serum/ 5.48 μg/dl 4.2 - 12.0

Chemiluminescent Immunometric Assay

(CLIA))



Dr.E.Saravanan M.D(Path) Consultant Pathologist Reg No: 73347

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Ref. Dr : MediWheel Type : OP

Investigation Observed Value Unit Biological Reference Interval

INTERPRETATION:

Comment:

Age / Sex

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.

Printed On

: 17/08/2022 3:23 PM

TSH (Thyroid Stimulating Hormone) (Serum 1.59 µIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

: 35 Year(s) / Female

(CLIA))

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.

CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine) Pale yellow Yellow to Amber

APPEARANCE (Urine) Clear Clear

Protein (Urine/Protein error of indicator)

Negative

Negative

Glucose (Urine/GOD - POD) Negative Negative

Pus Cells (Urine/Automated ⁻ Flow cytometry 1 - 2 /hpf NIL

Epithelial Cells (Urine/Automated Flow 1 - 2 /hpf NIL cytometry)

RBCs (Urine/Automated ⁻ Flow cytometry) NIL /hpf NIL

Casts (Urine/Automated ⁻ Flow cytometry) NIL /hpf NIL

Crystals (Urine/Automated - Flow cytometry) 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.





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Type : OP

-- End of Report --



Ref. Dr

: MediWheel

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details

Date: 13-Aug-22 Name: MRS.ROSELEENA ID: MED121240519

Time: 12:34:17 PM

Age: 35 y Clinical History:

Sex: F

Height: 160 cms.

Weight: 61 Kg.

Medications:

Test Details

Protocol: Bruce Total Exec. Time:

Pr.MHR: 185 bpm

Max. HR: 169 (91% of Pr.MHR)bpm

THR: 166 (90 % of Pr.MHR) bpm

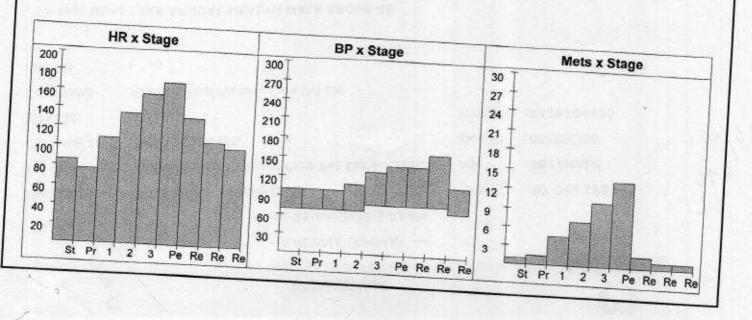
9 m 36 s Max. BP: 160 / 80 mmHg

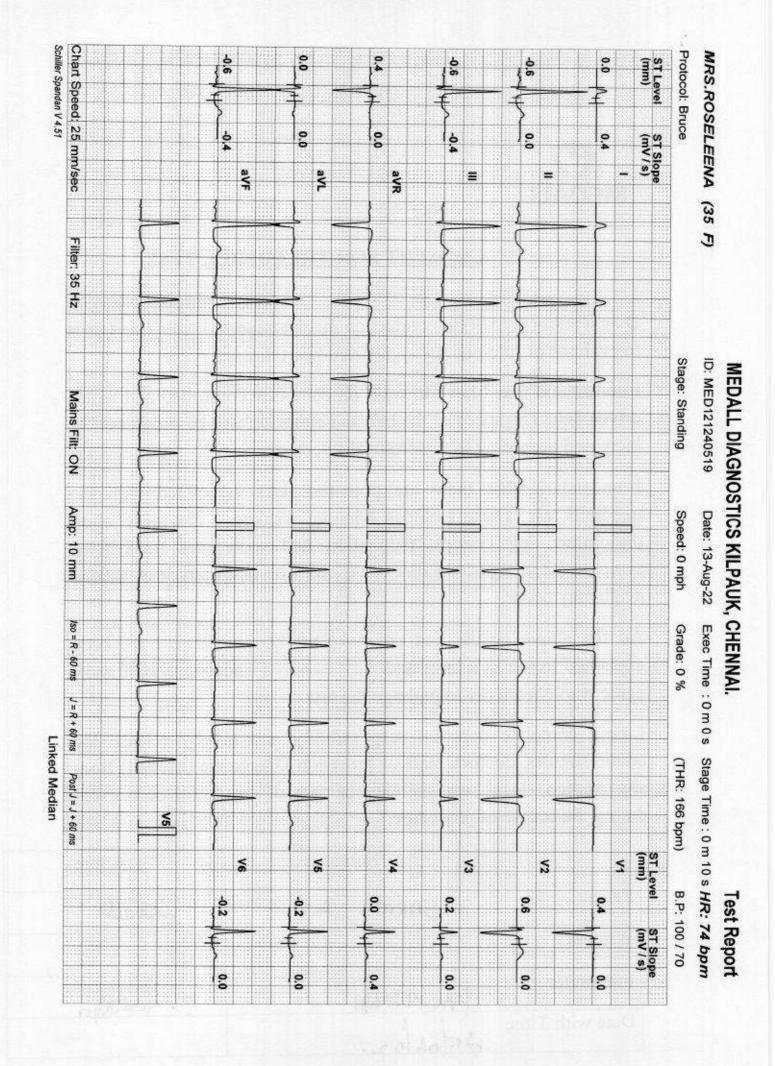
Max. Mets: 13.50 Max. BP x HR: 27040 mmHg/min Min. BP x HR: 6020 mmHg/min

Test Termination Criteria: ACHIEVED THR

Protocol Details

Stage Name	Stage Time	Mets	Speed	Crade	T			
	(min : sec)	1 2000	(mph)	Grade (%)	Rate	Max. BP (mm/Hg)	Max. ST Level	Max. ST
Standing	0:16	1.0	0	-	(bpm)		(mm)	Slope (mV/s)
1	3:0	4.6	-	0	86	100 / 70	-0.42	
2	3:0	7.0	1.7	10	109	100 / 70	-1.49	0.71
3	3:0		2.5	12	135	110 / 70		1.42 V2
Peak Ex		10.2	3.4	14	156	130 / 80	-2.34	2.83 V2
Recovery(1)	0:36	13.5	4.2	16	169		-1.70 II	4.60 V2
	1:0	1.8	1	0		140 / 80	-1.27	4.95 V2
Recovery(2)	1:14	1.0	0		132	140 / 80	-0.85 III	5.31 V2
Recovery(3)	1:1	1.0		0	107	160 / 80	-0.42 aVR	The second second second
OR SHEET		1.0	0	0	102	110 / 70		5.31 V2
							-4.671	-3.89 V2





Schiller Spandan V 4.51 Chart Speed: 25 mm/sec ST Level Protocol: Bruce MRS.ROSELEENA (35 F) 0.2 0.4 ST Slope (mV/s) 0.7 0.4 0.4 0.4 aVF aVL aVR = Filter: 35 Hz Stage: 1 ID: MED121240519 MEDALL DIAGNOSTICS KILPAUK, CHENNAI. Mains Filt: ON Amp: 10 mm Date: 13-Aug-22 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 107 bpm Speed: 1.7 mph Grade: 10 % Linked Median (THR: 166 bpm) Post J = J + 60 ms 8 ST Level (mm) 5 ٧6 ¥5 4 3 ٧**2** B.P: 100 / 70 Test Report 0.8 0.2 1 0.4 0.7 0.4 0.4 0.7

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Schiller Spandan V 4.51 Chart Speed: 25 mm/sec Protocol: Bruce MRS.ROSELEENA (35 F) ST Level (mm) 1.8 2.1 ST Slope (mV/s) 3.2 0.7 aVF aVL aVR = = Filter: 35 Hz Stage: Recovery(1) ID: MED121240519 Mains Filt ON Amp: 10 mm Date: 13-Aug-22 Speed: 1 mph Iso = R - 60 ms Exec Time : 9 m 36 s Stage Time : 0 m 54 s HR: 132 bpm Grade: 0 % J=R+60 ms Linked Median (THR: 166 bpm) Post J = J + 60 ms **4**5 ST Level (mm) 8 8 **\$** 53 V2 B.P: 140 / 80 4.0 Test Report 1.9 ST Slope (mV/s) 2.5 2.8 5.7

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

MEDALL DIAGNOSTICS KILPAUK, CHENNAI. Test Report

MRS.ROSELEENA (35 F) Protocol: Bruce ST Level (mm) Schiller Spandan V 4.51 Chart Speed: 25 mm/sec 0.0 0.7 ST Slope (mV/s) 0.7 0.0 aVF aVL aVR = Filter: 35 Hz Stage: Recovery(2) ID: MED121240519 Mains Filt ON Amp: 10 mm Date: 13-Aug-22 Speed: 0 mph Exec Time: 9 m 36 s Stage Time: 1 m 8 s HR: 104 bpm Grade: 0 % Iso = R - 60 ms J=R+60 ms Linked Median (THR: 166 bpm) Post J = J + 60 ms ST Level (mm) ≾ ٧5 V2 ٧6 4 ¥3 B.P: 160 / 80 1.3 0.8 0.4

Chart Speed: 25 mm/sec Schiller Spandan V 4.51 0.0 Protocol: Bruce MRS.ROSELEENA (35 F) ST Level (mm) ST Slope (mV/s) -0.4 0.0 aVF aVL aVR = Filter: 35 Hz Stage: Recovery(3) ID: MED121240519 MEDALL DIAGNOSTICS KILPAUK, CHENNAI. Mains Filt ON Amp: 10 mm Date: 13-Aug-22 Speed: 0 mph Iso = R - 60 ms Exec Time: 9 m 36 s Stage Time: 0 m 55 s HR: 100 bpm Grade: 0 % J=R+60 ms Linked Median (THR: 166 bpm) Post J = J + 60 ms 5 ST Level ٧6 **5** ٧3 ≾ \$ 52 B.P: 110 / 70 0.4 0.8 Test Report 0.6 0.7 ST Slope (mV/s) 0 0.7 0.7 0.4

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details

Date: 13-Aug-22

Time: 12:34:17 PM

Age: 35 y

Name: MRS.ROSELEENA ID: MED121240519 Sex: F

Height: 160 cms

Weight: 61 Kgs

Interpretation

- THR adversed - good effort tolevance - no silt changes TMI negative

Ref. Doctor: C/O MEDIWHEEL

Doctor: DR. PRADEEP G NAYAR

(Summary Report edited by user)





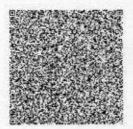
భారత ప్రభుత్వం Government of India

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రిజిస్టేషన్/ Enrolment No.: 0000/00638/77534

చింత రోపేలీన Chinta Roseleena C/O P Kondala Rao 9-429 Sanieeva Nagar Visalakshi Nagar Near Government School Chinagadili Visakhapatnam (Urban) Visakhapatnam Andhra Pradesh - 530043 8179327771





మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4795 4238 3329 VID: 9134 6285 9230 3580

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం Government of India



చింత రోపిలీన Chinta Roseleena పుట్టిన జేదీ/DOB: 21/05/1987 FEMALE

4795 4238 3329 VID: 9134 6285 9230 3580

నా ఆధార్, నా గుర్తింపు





సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్యం కాదు
- 🔳 మర్కిలమైన క్యాలర్ కోడ్ / ఆఫ్ట్రేస్ ఎక్స్ ఎం ఎల్ / ఆఫ్ట్రేస్ ప్రామాణికరణను ఉపయోగంచి గుర్తింపును ధృవీకరించండి .
- ఇది ఎలెక్టానిక్ పద్దతిలో వ్రాయబడిన లేఖ.

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- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.
 - ೫೮೯೮ ದೆಕ್ಕಾವಿಂಗ್ ವಿಲ್ಯಾಪ್ಟ್ ಅವುಹುಂದಿ.
 - వివిధ స్థభుత్వ మరియు స్థభుత్వతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
 - 🖩 ఎల్లప్పుడూ మీ మొద్దిల్ నెంబర్ మరియు. ఇమెయిల్ ఐడిని ఆధార్ లో అప్ డిట్ చేసి ఉంచండే
 - 🖩 ఎమ్ ఆధార్ ఆప్ ఉపయోగించండి మీ ఆధార్ ను ఎల్లప్పుడూ మీస్మార్ట్ ఫోన్ లో ఉంచండి.
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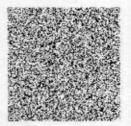


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తిరువామా: ఏ కొండల రావ్, 9-429 సంజీప సగర్, విళాలాక్షి సగర్, గవర్నమంటే పాఠశాల దగ్గరి, ఇనగదిలి, విశాఖపట్నం ఆర్వెస్, విశాఖపట్నం, అంద్ర ప్రదేశ్ - 530043

Address: C/O P Kondala Rao, 9-429 Sanjeeva Nagar, Visalakshi Nagar, Near Government School, Chinagadili, Visakhapatnam (Urban), Visakhapatnam, Andhra Pradesh - 530043

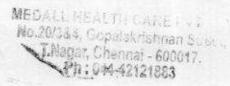


4795 4238 3329

VID: 9134 6285 9230 3580

telp@uldel.gov.in | (www.uldel.gov.in







Name	MRS.ROSELEENA		
	35Y/FEMALE	ID	MED121240519
	200000000000000000000000000000000000000	Visit Date	13/08/2022
Ref Doctor	MediWheel		10/00/2022

MASTER HEALTH CHECK UP SUMMARY

Height:	160 cm	Weight:	61kg
BMI:	23.8	, reight.	OIKg

PRESENT HISTORY:

Nil.

GENERAL EXAMINATION → P.I.C.C.L.E: Nil.

Pulse: 66/min

BP: 100/70 mmHg

Respiratory Rate: 15/min

Temp: Normal

Others: Nil

SYSTEMIC EXAMINATION:

CVS: \$1\$2+

RS: B/L NVBS

CNS: NFND

P/A: Soft, No palpable mass, No tenderness BS +.

INVESTIGATIONS:

ECG:

Normal ECG.

X-RAY:

No significant abnormality detected.

ULTRASOUND ABDOMEN:

- · Bilateral renal calculi.
 - For clinical correlation.





Name	MRS.ROSELEENA	III.	
Age & Gender	35Y/FEMALE	ID	MED121240519
	331/FEMALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		10/00/2022

TMT:

· Negative.

LAB REPORTS:

T3 and TSH - Low.

EYE SCREENING:

Vision	R/E	L/E
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Norma

> Within normal limits.

ADVISED:

- Endocrinologist opinion.
- Nephrologist opinion for Bilateral kidney stones.
- · Lot of fluids.

DR.GOMATHY.S M.B.B.S, D.M.C.H Consultant General Physician





Name	ROSELEENA	Customer ID	MED121240519
Age & Gender	35Y/F	Visit Date	Aug 13 2022 9:21AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal.

The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION:

· No significant abnormality detected.

Dr.A.Subramanian MD, DMRD, DNB Consultant Radiologist





Name	MRS.ROSELEENA	ID	MED121240519
Age & Gender	35Y/FEMALE	Visit Date	13/08/2022
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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

The right kidney measures 10.2×4.5 cm and shows 2-3 calculi largest measuring 0.46 cm in the mid pole calyx.

The left kidney measures 11.2×4.5 cm and shows calculus 0.50 cm in the mid pole calyx.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.





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There is no calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

The uterus is anteverted, and measures 9.3 x 4.4 x 5.1 cm.

The endometrial thickness is 7.2 mm.

The right ovary measures $2.7 \times 1.8 \times 2.5 \text{ cm}$ (Vol - 6.6 cc).

The left ovary measures $2.7 \times 2.3 \times 3.1 \text{ cm}$ (Vol - 10.3 cc).

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- Bilateral renal calculi.
- For clinical correlation.

Dr. Catherine

Consultant Sonologist.

De Catherere



MEDALL DIAGNOSTICS

No; 26/15, Ground floor Gopalakrishna street pondy Bazaar, T.Nagar



Name	MRS.ROSELEENA	ID	MED121240519
Age & Gender	35Y/FEMALE	Visit Date	13/08/2022
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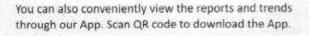














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