बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name
: CHINU ELIZABETH ABRAHAM

कर्मचारी कूट क्र
E.C. No.
: 118456

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002451956

LABORATORY SERVICES

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
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DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
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PATIENT NAME : CHINU ELIZABETH ABRAHAM PATIENT ID : **CHINF2611914036**

ACCESSION NO : **4036VK004972** AGE : 31 Years SEX : Female

DRAWN : RECEIVED : 26/11/2022 13:35 REPORTED : 26/11/2022 19:22

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status **Final**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

TREADMILL TEST			
TREADMILL TEST	COMPLETED		
OPTHAL			
OPTHAL	COMPLETED		
PHYSICAL EXAMINATION			
PHYSICAL EXAMINATION	COMPLETED		

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT			
SERUM BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN	8	Adult(<60 yrs) : 6 to 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	12.1	5 - 15	
CREATININE, SERUM			
CREATININE	0.65	18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	104	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	70		mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.1	Normal : 4.0 - 5.6%.% Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	
MEAN PLASMA GLUCOSE	99.7	< 116.0	mg/dL
LIPID PROFILE, SERUM			
CHOLESTEROL	190	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	130	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	45	General range : 40-60	mg/dL

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DIRECT LDL CHOLESTEROL	137		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**145**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	4.2		3.30 - 4.40	
LDL/HDL RATIO	3.0		0.5 - 3.0	
VERY LOW DENSITY LIPOPROTEIN	26.0		< or = 30.0	mg/dL
LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, TOTAL	0.38		General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.18		0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT	0.2		0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.5		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.6		2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.7		1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18		Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15		Adults : < 34	U/L
ALKALINE PHOSPHATASE	34		Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	16		Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	4.7		Adults : 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP	TYPE A			
RH TYPE	POSITIVE			
BLOOD COUNTS,EDTA WHOLE BLOOD				
HEMOGLOBIN	12.6		12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.32		3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	5.40		4.0 - 10.0	thou/µL

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PLATELET COUNT	339	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT	36.8	36 - 46	%
MEAN CORPUSCULAR VOL	85.0	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.1	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	11.9	11.6 - 14.0	%
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	44	40 - 80	%
LYMPHOCYTES	**50** **High**	20 - 40	%
EOSINOPHILS	06	1 - 6	%
ABSOLUTE NEUTROPHIL COUNT	2.38	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	2.7	1.0 - 3.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.32	0.02 - 0.50	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	0.9		
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	06	0 - 20	mm at 1 hr
STOOL: OVA & PARASITE			
COLOUR	BROWN		
CONSISTENCY	SEMI FORMED		
ODOUR	FAECAL		
MUCUS	NOT DETECTED	NOT DETECTED	
POLYMORPHONUCLEAR LEUKOCYTES	NOT DETECTED	0 - 5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
MACROPHAGES	NOT DETECTED	NOT DETECTED	
CHARCOT-LEYDEN CRYSTALS	NOT DETECTED	NOT DETECTED	
TROPHOZOITES	NOT DETECTED	NOT DETECTED	
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		
LARVAE	NOT DETECTED	NOT DETECTED	
ADULT PARASITE	NOT DETECTED		
REMARK	UNDIGESTED VEGETABLE CELLS AND MUSCLE FIBERS PRESENT .		
SUGAR URINE - POST PRANDIAL			

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SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
THYROID PANEL, SERUM			
T3	94.73	Non-Pregnant : 60-181 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
T4	10.60	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	3.020	(Non Pregnant) : 0.4 - 4.2 Pregnant(Trimester wise) 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL
PHYSICAL EXAMINATION, URINE			
COLOR	YELLOWISH		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION, URINE			
PH	6.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	**0 - 1**	NOT DETECTED	/HPF
WBC	3-5	0-5	/HPF
EPITHELIAL CELLS	3-5	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
Causes of Increased levels
Pre renal

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• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
• Liver disease
• SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.
GLUCOSE, FASTING, PLASMA-
ADA 2012 guidelines for adults as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don''''''''''''''t cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn''''''''''''''t need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an ‘atherogenic lipoprotein profile’, and are a strong, independent predictor of cardiovascular disease.

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Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
TOTAL PROTEIN, SERUM-
Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
URIC ACID, SERUM-
Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS,EDTA WHOLE BLOOD-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-
Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-
The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that

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are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST
THYROID PANEL, SERUM-
Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

Scan to View Details

Scan to View Report

DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002451956

LABORATORY SERVICES

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : CHINU ELIZABETH ABRAHAM PATIENT ID : **CHINF2611914036**

ACCESSION NO : **4036VK004972** AGE : 31 Years SEX : Female

DRAWN : RECEIVED : 26/11/2022 13:35 REPORTED : 26/11/2022 19:22

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status **Final**	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ECG WITH REPORT

REPORT
COMPLETED

USG ABDOMEN AND PELVIS

REPORT
COMPLETED

CHEST X-RAY WITH REPORT

REPORT
COMPLETED

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession

PRASEEDA S NAIR
LAB TECHNICIAN

JOSNA KURIAN
LAB TECHNICIAN

VINITHA VIJAYAN
LAB TECHNICIAN

DIVYA B
LAB TECHNICIAN

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Scan to View Report

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee : Mr./Mrs./Ms. CHINU ELIZABETH ABRAHAM
2. Mark of Identification : (Mole/Scar/any other (specify location)): —
3. Age/Date of Birth : 31/21/11/1991 Gender: F/M FEMALE
4. Photo ID Checked : (Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height .....151..... (cms) b. Weight .....74..... (Kgs) c. Girth of Abdomen .....86..... (cms)

d. Pulse Rate .....69..... (/Min) e. Blood Pressure: 120/80 Systolic Diastolic

1st Reading		
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	68	OK	—
Mother	60	ok	—
Brother(s)	27	ok	—
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
No	No	No

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Yes Y/N

b. Have you undergone/been advised any surgical procedure? (Caesarean) Y/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? For pregnancy Y/N

d. Have you lost or gained weight in past 12 months? Gained weight Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? No Y/N
- Any disorders of Respiratory system? No Y/N
- Any Cardiac or Circulatory Disorders? No Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? No No

- Any disorder of Gastrointestinal System? No Y/N
- Unexplained recurrent or persistent fever, and/or weight loss No Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports No Y/N
- Are you presently taking medication of any kind? No Y/N

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

- Any disorders of Urinary System? No Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin No Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? No Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) No Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? No Y/N

d. Do you have any history of miscarriage/ abortion or MTP No Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc No Y/N

f. Are you now pregnant? If yes, how many months? No Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner : DR. AUSTIN VARGHEES

Seal of Medical Examiner :

Dr. Austin Varghees
MBBS
TCMC Reg. No:77017

Name & Seal of DDRC SRL Branch :

DDRC SRL DIAGNOSTICS LTD. GANDHINAGAR KOTTAYAM 686008

Date & Time :

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

OPHTHALMOLOGY REPORT

ACCESSION NO:4036VK004972

This is to certify that I have examined

~~MR~~ /MS CHINU ELIZABETH ABRAHAM Aged 31 M and

His / her visual standard is as follows.

Acuity of Vision

For Far R 6/6

L 6/6

For Near R N6

L N6

Colour Vision NORMAL

DDRC SRL DIAGNOSTICS LTD. GANDHINAGAR KOTTAYAM 686008

DATE : 26/11/2022

Raj
OPTOMETRIST

Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

ECG REPORT

ACCESSION NO : 4036VK004972
NAME : CHINU ELIZABETH ABRAHAM
AGE : 31
SEX : FEMALE
DATE : 26.11.20222
COMPANY : MEDIWHEEL

RATE : 69 bpm
RHYTHM : Normal sinus rhythm
P. WAVE : Normal
P-R INTERVAL : 138 ms
Q,R,S,T. WAVES : Normal
AXIS : Normal
ARRHYTHMIAS : Nil
QT INTERVAL : 363 ms
OTHERS : Nil
OPINION : Normal ECG

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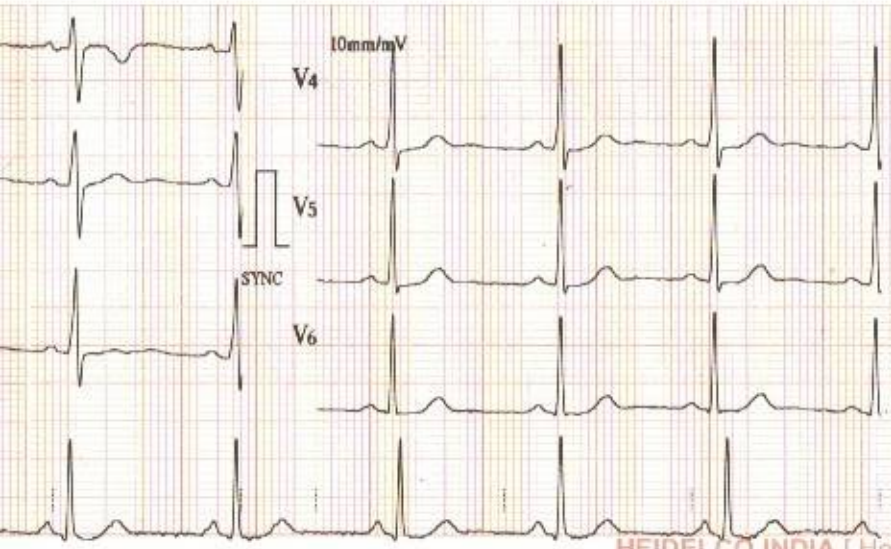
Dr. Austin Varghees
MBBS
TCMC Reg. No:77017

25mm/s 0.5~25Hz
10mm/mV
I
II
III
aVR
aVL
aVF
V1
V2
V3
SYNC
10mm/mV



26/11/2022 14:12 V2.002(BIOS:V2-004/AMP:V1-006)

ID : 0272

Name: CHINU Elizabeth Abraham.

Sex : Female

Age : 31

HR	: 69	bpm
R-R	: 859	ms
P-R	: 138	ms
QRS	: 93	ms
QT/QTc	: 363/391	ms
P/QRS/T	: 62/65/32	°
RV5/SV1	: 1.400/0.770	mV
RV5+SV1	: 2.170	mV

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Mac[illegible]

Co[illegible]

Physician:

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

X - RAY CHEST - REPORT

ACCESSION NO : 4036VK004972

NAME : CHINU ELIZABETH ABRAHAM

AGE : 31

SEX : FEMALE

DATE : 26.11.20222

COMPANY : MEDIWHEEL

EXPOSURE : Adequate

POSITIONING : cental

SOFT TISSUES : Normal

LUNG FIELDS : Normal

HEART SHADOW : No cardiomegaly. Normal

CARDIOPHRENIC ANGLE : No obliteration

COSTOPHRENIC ANGLE :

HILUM : Normal

OPINION : Normal Chest XRay

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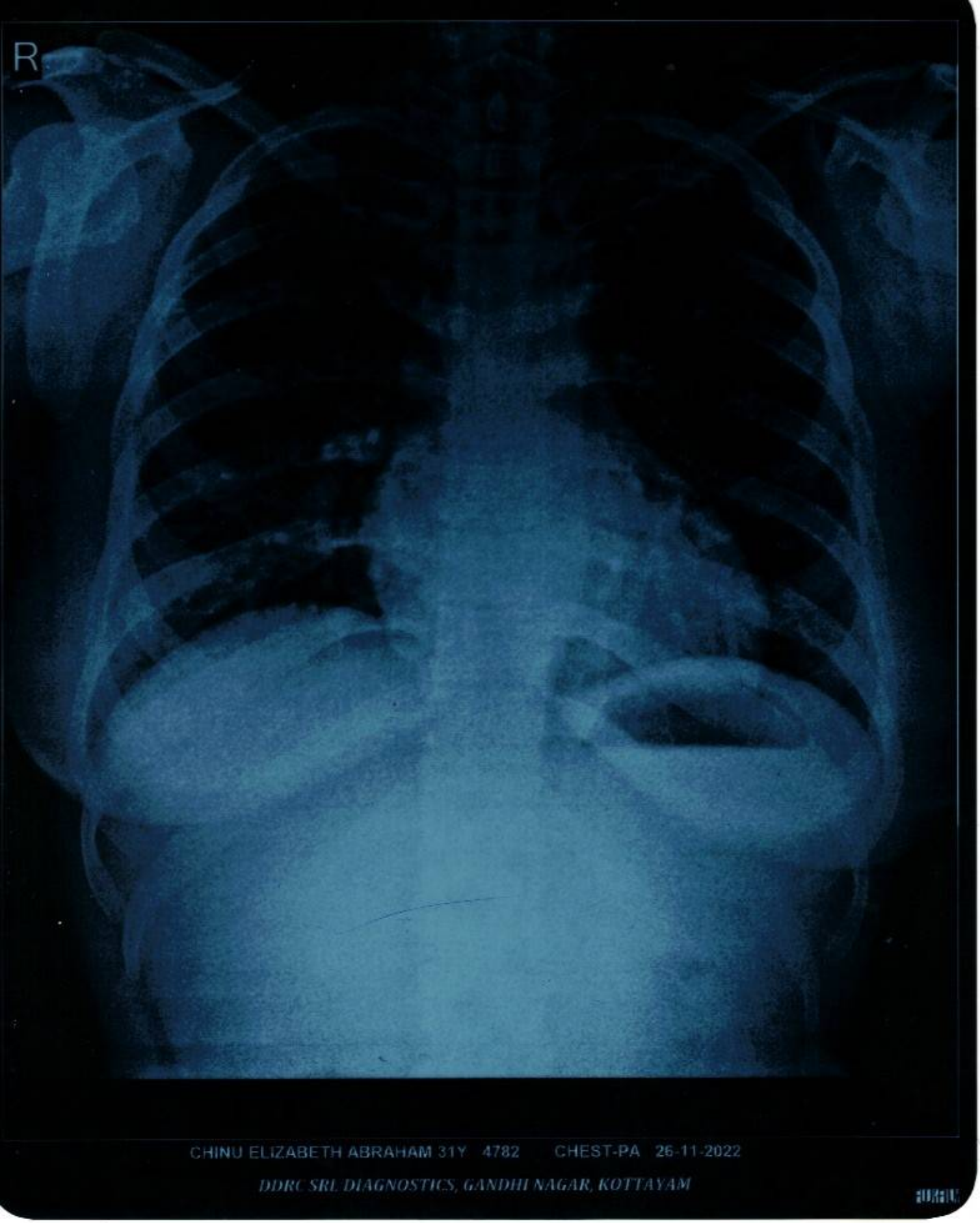
Dr. Austin Varghees
MBBS
TCMC Reg. No:77017



CHINU ELIZABETH ABRAHAM 31Y 4782 CHEST-PA 26-11-2022

DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

Name: CHINU ELIZABETH ABRAHAM **Report Date: 26.11.2022**
Age/Sex: 31 yrs/F **Ref.by: Mediwheel**
Accession No: 4036VK004972

USG ABDOMEN & PELVIS

OBSERVATIONS:

Liver: Normal in size. Shows normal parenchymal echotexture. No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (9 mm).

Gall bladder: Distended. No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.

CBD: Not dilated (3 mm).

Spleen: Normal in size (8.8 cm) and echotexture. No focal lesion.

Pancreas: Head (2.1 cm), body (1.3 cm) and tail (1.3 cm) appear normal. No focal lesion. No calcification or duct dilatation noted.

Kidneys: Right kidney length measures 10.7 cm. Parenchymal thickness 1.8 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Left kidney length measures 10.7 cm. Parenchymal thickness 1.5 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Ureters: Not dilated.

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Uterus: Is anteverted and normal in size measures 8.3 x 4.9 x 4.5 cm. **A small uterine fibroid measuring 7 x 7 mm is noted in anterior wall.** Endometrial echo is normal. ET- 8.8 mm. Cavity is empty.

Ovaries: Right ovary: 2.9 x 1.9 cm Left ovary: 3.2 x 1.7 cm

Normal in size and morphology on both sides.

Adnexa: No adnexal lesions.

Others: No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

IMPRESSION:

- **Small seedling uterine fibroid.**
- **No other significant abnormality detected.**

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Dr. Deepak.V, MBBS, DMRD
Radiologist

Note: Please correlate clinically and investigate further as needed.

Ultrasound Image Report

Patient

ID	26-11-2022-0011
Name	
Birth Date	
Gender	Other

Exam

Accession #	
Exam Date	26112022
Description	
Sonographer