

--- A MEDALL COMPANY ---

Date 23-Jul-2022 9:49 AM

Customer Name : **MRS.SOWMYA K**DOB : **28 Nov 1995**Ref Dr Name : **MediWheel**Age : **26Y/FEMALE**Customer Id : **MED111209694**Visit ID : **712222373**

Email Id :

Phone No : **9866742357**Corp Name : **MediWheel**

Address :

5:30 PM.

Package Name : **Mediwheel Full Body Health Checkup Female Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)	✓			
2	LAB	GLUCOSE - FASTING	✓			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)	✓			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)	✓			
5	LAB	LIPID PROFILE	✓			
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID	✓			
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)	✓			
10	LAB	COMPLETE BLOOD COUNT WITH ESR	✓			
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)	✓			
12	LAB	STOOL ANALYSIS - ROUTINE	Not given			
13	LAB	URINE ROUTINE	✓			
14	LAB	CREATININE	✓			
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	✓			

LAB	BUN/CREATININE RATIO			
OTHERS	physical examination	✓	MYS2704496102651	
18	US	ULTRASOUND ABDOMEN	MYS2704496103462	
19	OTHERS	Treadmill / 2D Echo	MYS2704496127528	
20	OTHERS	EYE CHECKUP	MYS2704496135592	
21	X-RAY	X RAY CHEST	MYS2704496145199	
22	OTHERS	Consultation Physician	MYS2704496148004	
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2704496149333	

date
Ht - 154

Wt - 85 kg

Bp - 120/80 mmHg

puls - 104

temp - 44 inch

waist - 36 inch

Registered By
(A.JAYASHREE)

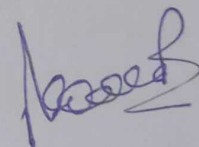
FITNESS CERTIFICATE

NAME: Mrs. Sowmya. K	AGE: 26	
Ht: 154 CMS	Wt: 85 KGS	SEX: Female

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	104 /mt / /mmHg 120/80
INSPIRATION	65 Cm
EXPIRATION	64 Cm
CHEST CIRCUMFERENCE	65 Cm
PREVIOUS ILLNESS	None
VISION	
FAMILY HISTORY	FATHER: Hypertension, Diabetes MOTHER:

REPORTS: *within normal limits*

DATE: *23/07/2022*
PLACE: *Mysuru*



CONSULTANT PHYSICIAN

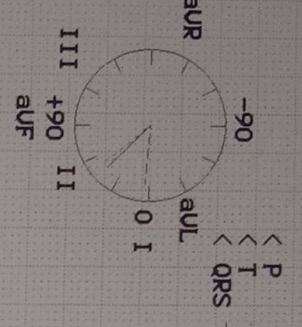
Dr. NIKHIL. B.
M.D., D.M.(Cardiologist)
Interventional Cardiologist
KMC Reg. No.: 90111

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AGE: 26
 Measurement Results:
 QRS : 100 ms
 QT/QTcB : 360 / 475 ms
 PR : 130 ms
 P : 96 ms
 RR/PP : 574 / 580 ms
 P/QRS/T : 50 / 45 / 5 degrees
 QTd/QTcBD : 28 / 37 ms
 Sokolow NK : 2.1 mV
 : 15

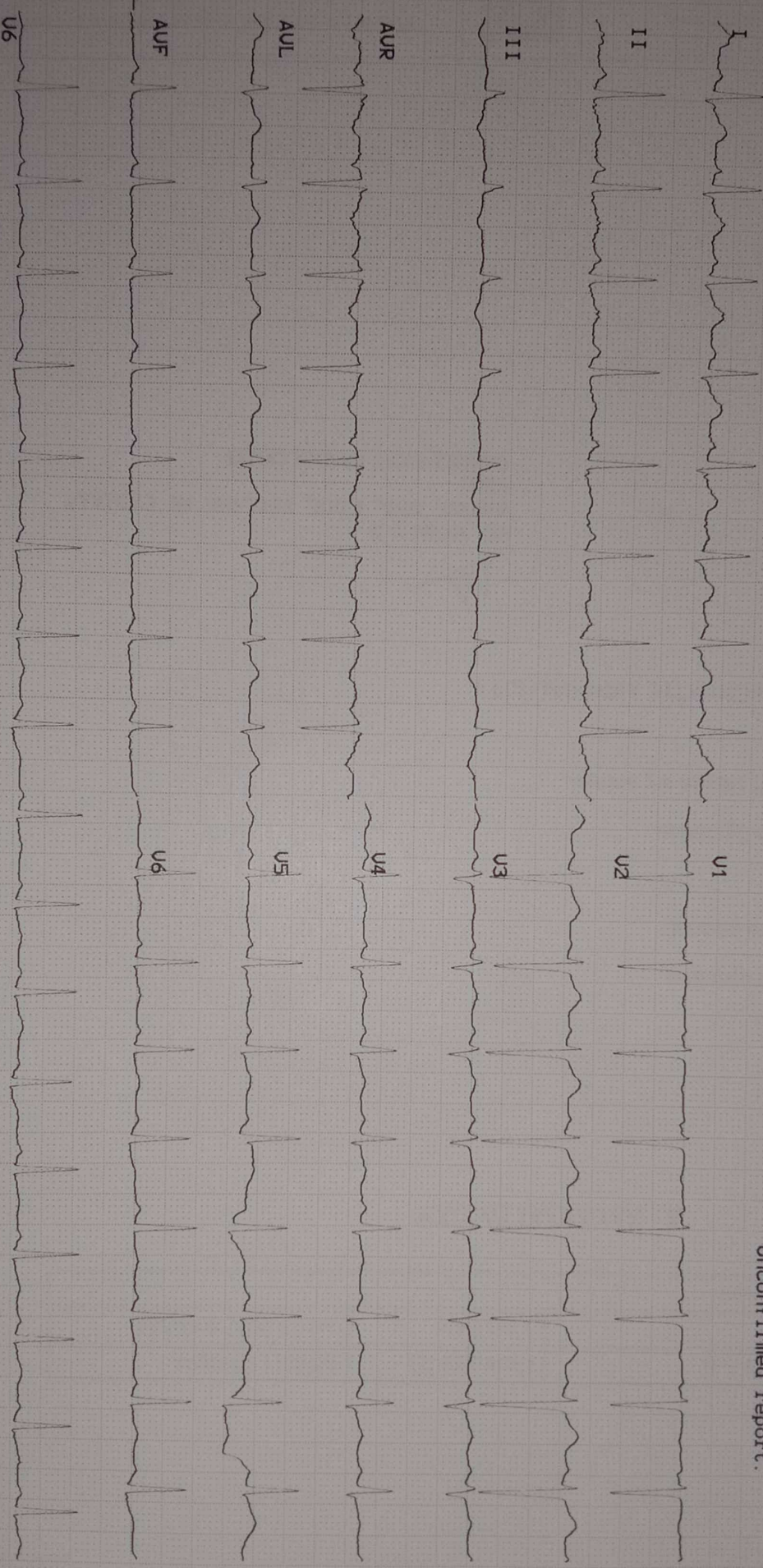


Interpretation:
 sinus tachycardia
 prolonged QT
 probably abnormal ECG

Srinive tealgaada

July

Unconfirmed report.



Customer Name	MRS.SOWMYA K	Customer ID	MED111209694
Age & Gender	26Y/FEMALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show 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 show 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.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.2	2.0
Left Kidney	10.9	1.9

URINARY BLADDER partially distended.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 6.8mms.
Uterus measures as follows: LS: 6.6cms AP: 4.0cms TS: 5.4cms.

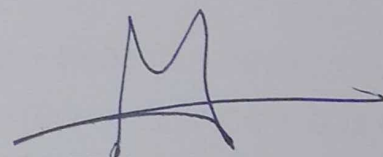
OVARIES Right ovary is normal size, shape and echotexture measures: 2.7x2.2cms
Left ovary not visualized.
POD & adnexa are free.
No evidence of ascites.

IMPRESSION:

➤ **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/SV



DR. MOHAN B

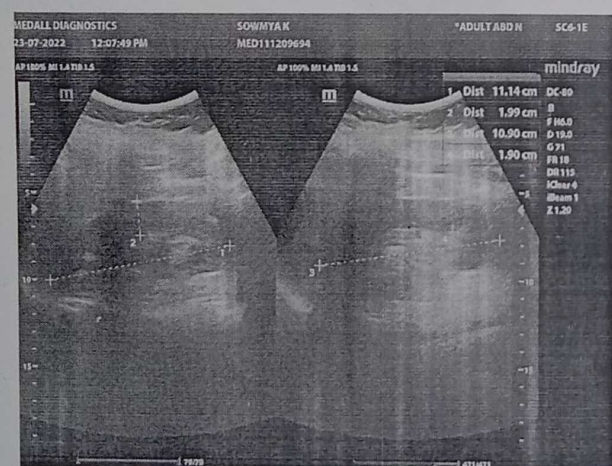
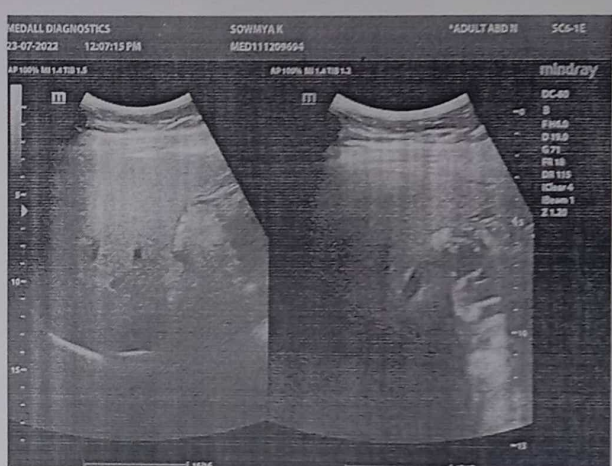
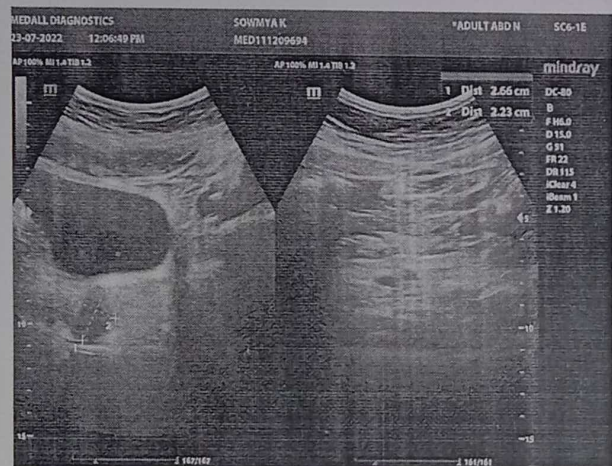
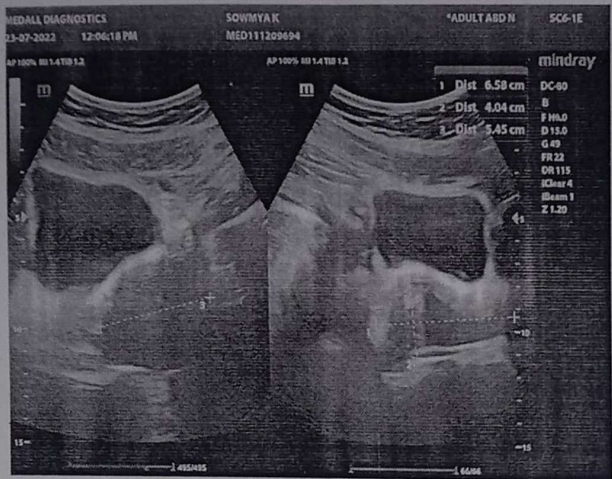


Indicated are at the time of same and shall not be damaged.

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MRS.SOWMYA K	Customer ID	MED111209694
Age & Gender	26Y/FEMALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		



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MRS SOWMYA K
D: 111209694

26 years

Female

29-Jan-2022
18:10:38

Referred by: C/O MEDIMWHEEL
Test Ind:

BRUCE
Max HR: 180bpm 92% of max predicted 194bpm
Max BP: 120/80
Maximum workload: 7.3 METS
Reason for Termination: Patient fatigue
Comments: MODERATE EFFORT TOLERANCE
NORMAL HEART RATE AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS NOTED
NO SIGNIFICANT ST CHANGES NOTED
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
WALK TEST	SUPINE	1:41	0.8	0.0	1.5	72	120/80	148
	STAGE 1	3:00	1.7	10.0	4.6	152	120/80	182
	STAGE 2	3:00	2.5	12.0	7.0	154	120/80	209
RECOVERY	STAGE 3	0:14	3.4	14.0	7.3	180		
	Post	3:16	***	***	1.0	72		

K2

Technician: KAVYASHREE

CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE

MAC55 009C

S SOWMYA K
 111209694
 25-Jan-2022
 18:10:38

26 years

Female

Referred by: C/O MEDIWHEEL
 Test ind:

BRUCE
 Max HR: 180bpm 92% of max predicted 194bpm
 Max BP: 120/80
 Maximum workload: 7.3METS
 Reason for Termination: Patient fatigue
 Comments: MODERATE EFFORT TOLERANCE
 NORMAL HEART RATE AND BP RESPONSE
 NO ANGINA OR ARRHYTHMIAS NOTED
 NO SIGNIFICANT ST-T CHANGES NOTED
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 6:14
 25.0 mm/s
 10.0 mm/mV
 100Hz

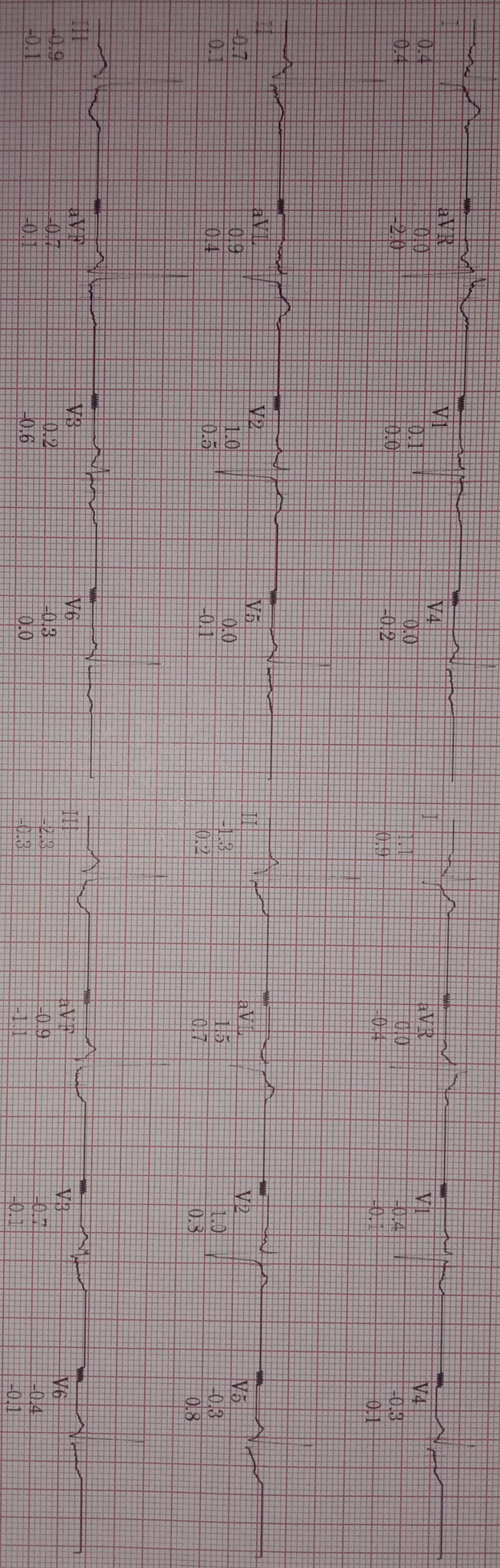
EXERCISE STAGE 1
 0:00 1.5METS
 123bpm
 BP: 120/80
 ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)

EXERCISE STAGE 2
 3:24 5.0METS
 160bpm
 BP: 120/80
 ST @ 10mm/mV
 80ms postJ

MAX ST
 160bpm
 BP: 120/80
 ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)



Technician: KAVYASHREE

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

MAC55 009C

P/N 2009828-020

Vital Signs™

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SELECTED MEDIAN REPORT

SOMMYA K
11/20/9694

29 years

Female

BRUGS

Max HR: 180bpm 92% of max predicted 194bpm
Max EP: 120/80
Reactor for Termination:

Total Exercise time: 6:14
Maximum workload: 7.3 METS

35.0 mm/s
10.0 mm/mV
100hz

Referred by: C/O MEDWITHEP,
Test mts:

Comments: MODERATE EFFECT TOLERANCE
NORMAL HEART RATE AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS NOTED
NO SIGNIFICANT ST-T CHANGES NOTED
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE
EXERCISE
120/80
120/80

PEAK
EXERCISE
180/80

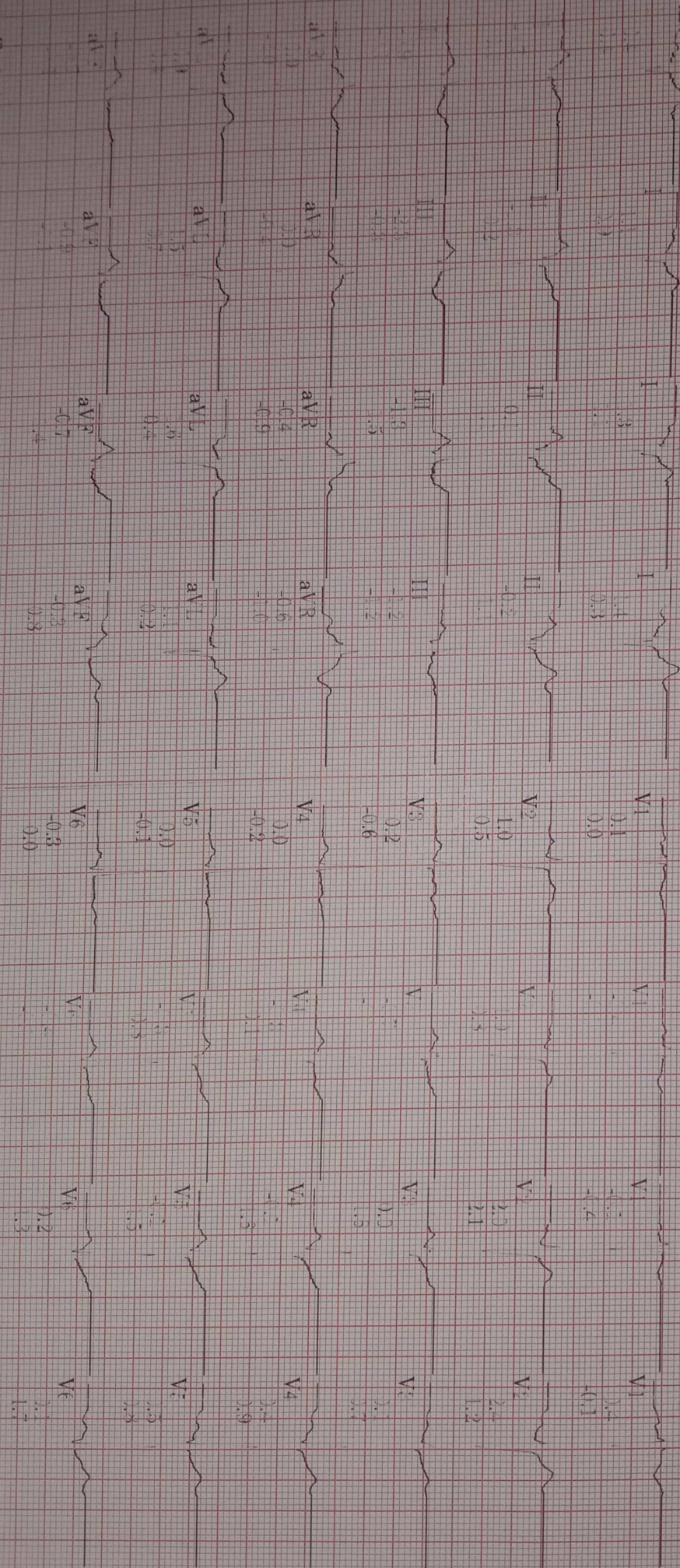
TEST AND
RECOVERY
129/80

BASELINE
EXERCISE
120/80
120/80

MAX ST
EXERCISE
160/80
120/80

PEAK
EXERCISE
170/80

TEST AND
RECOVERY
129/80



Technician: KAVYASHREE

P/N 2009828-020

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

Unconfirmed

MAC25 009C

Lead
ST(mm)
Slope(mV/s)

RS S/WMYA K
D: 11 209694
28-01-2022
18:17:29

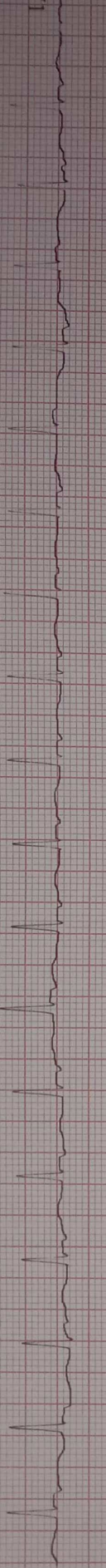
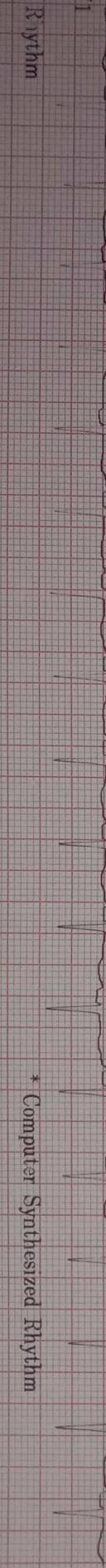
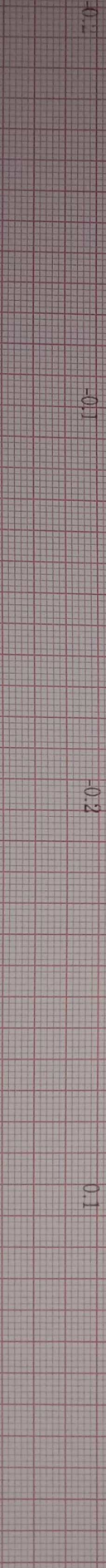
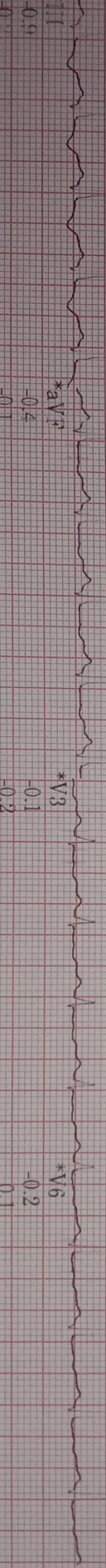
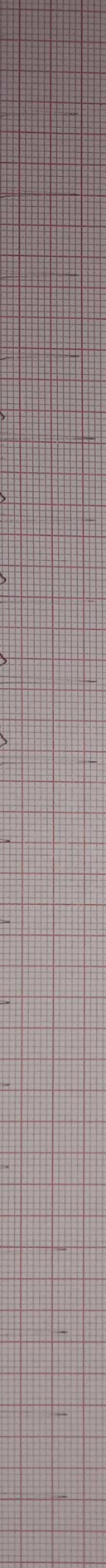
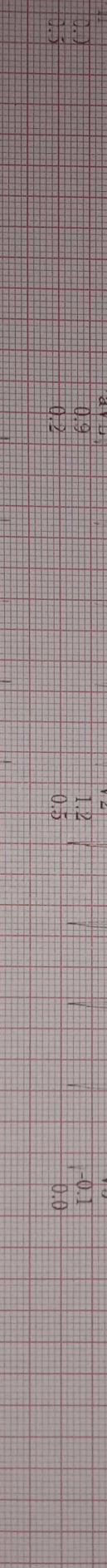
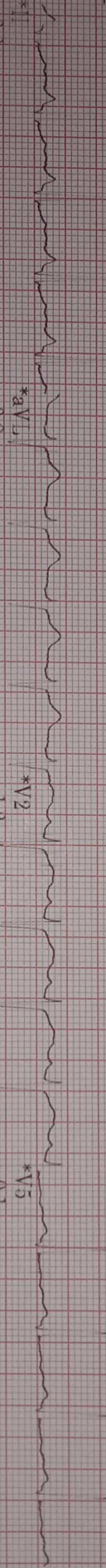
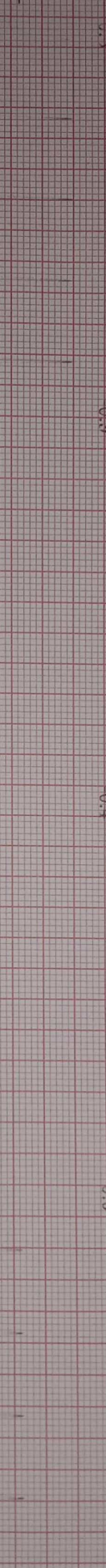
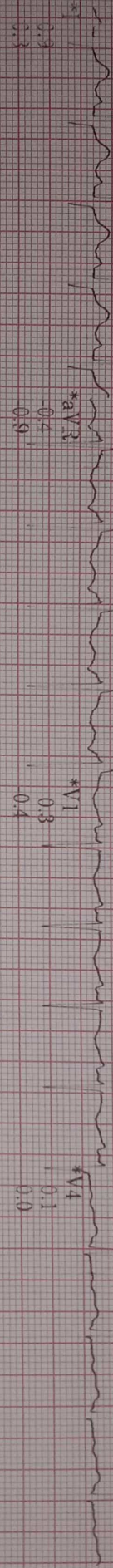
115bpm
BP: 120/80

PRETEST
SUPINE
0:51

BRUCE
**mph
**%

ST @ 10mm/mV
80ms post

Lead
ST(mm)
Slpse(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55-009C

PRINTED IN USA

RS SOWMYA K
0:11209694

23-01-2022
18:15:09

LINKED MEDIANS REPORT

CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE

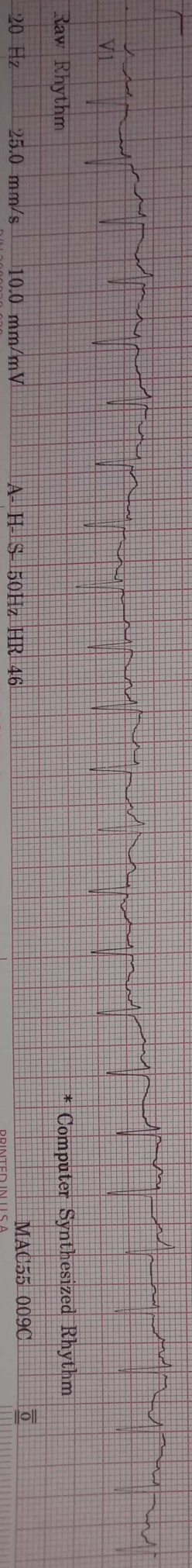
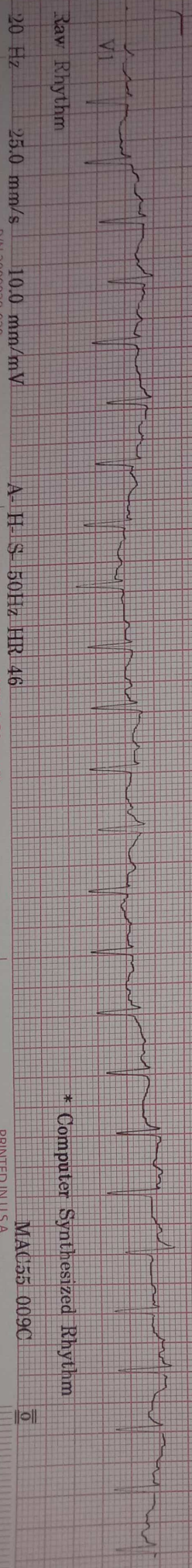
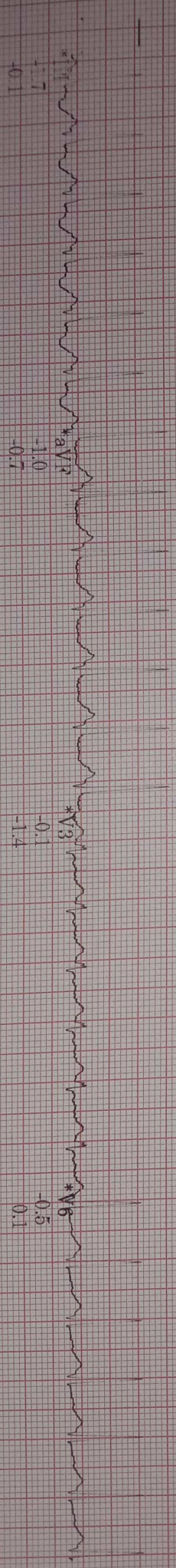
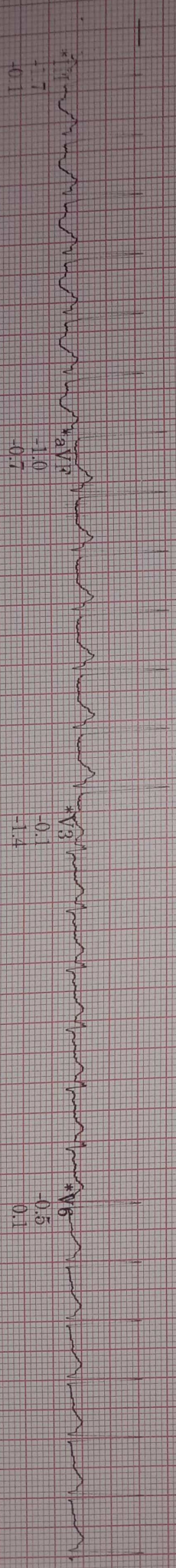
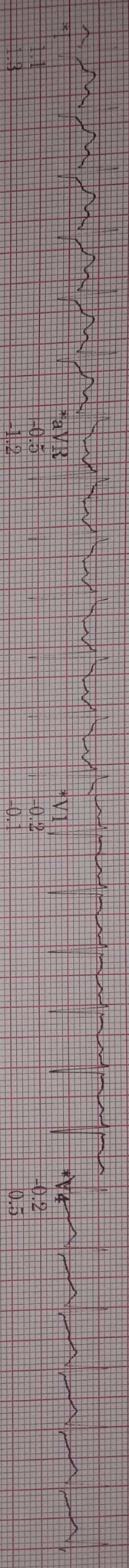
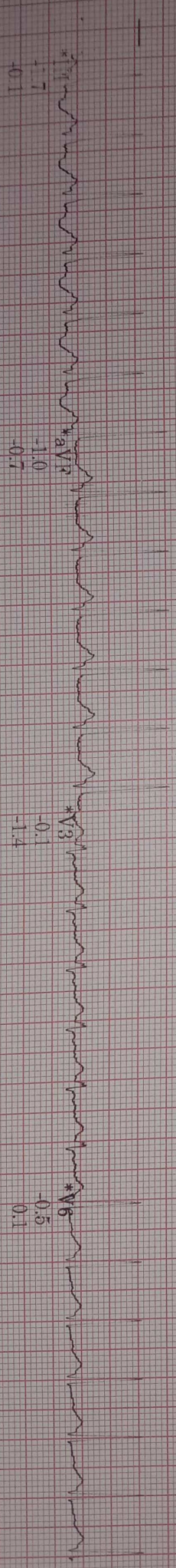
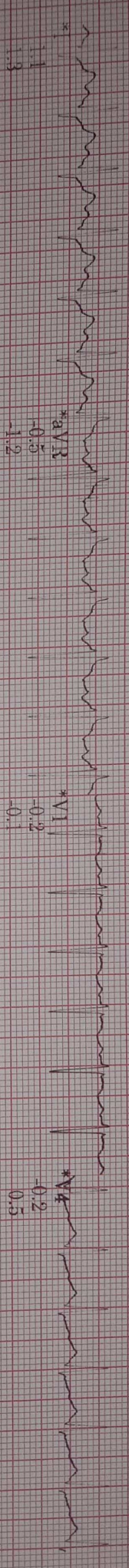
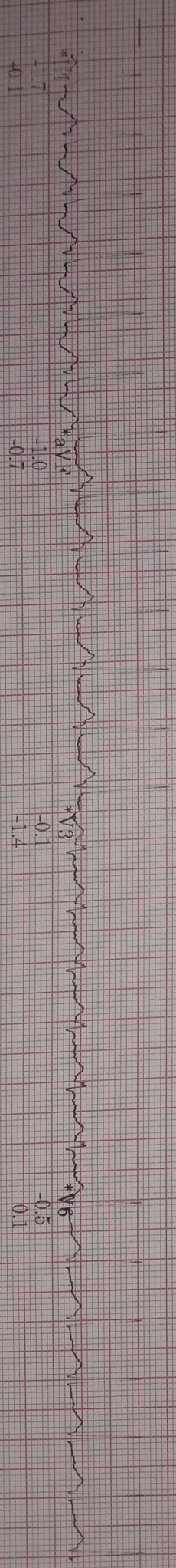
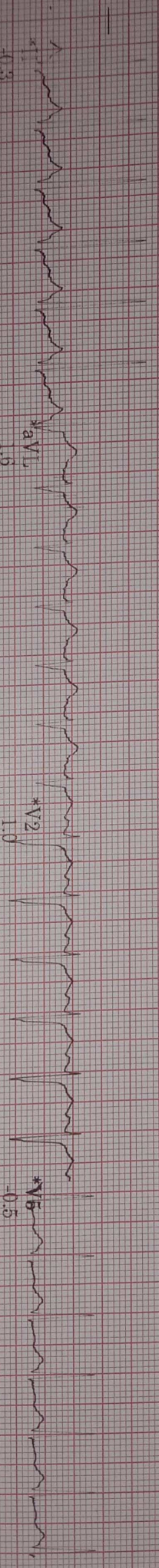
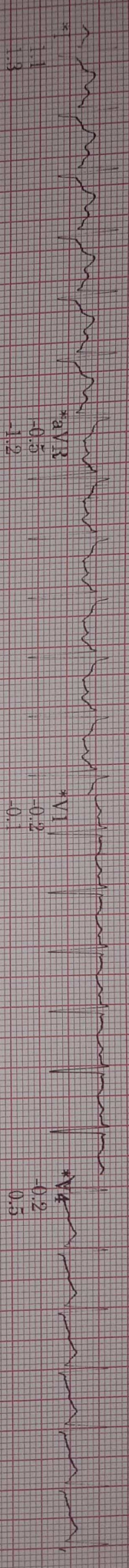
153bpm
BP: 120/80

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C

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RS SOWMYA K
D: 1209694
28-11-2022
18: 8:19

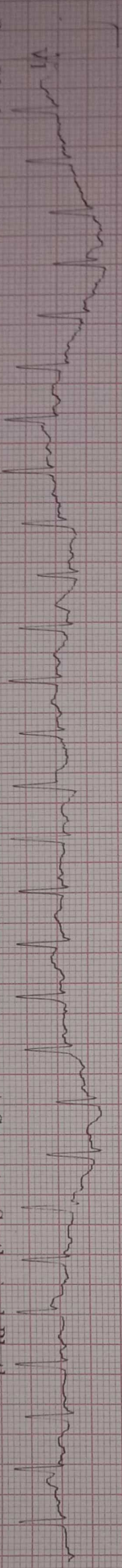
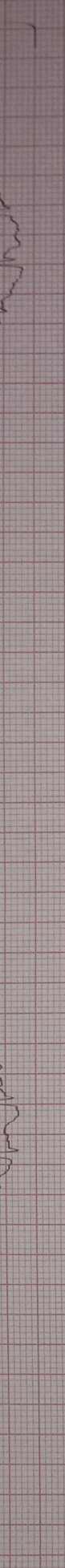
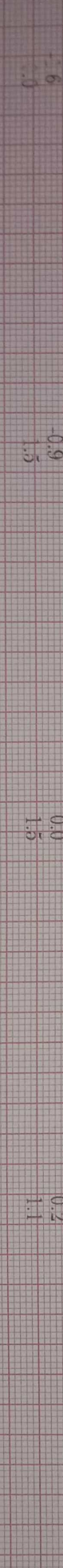
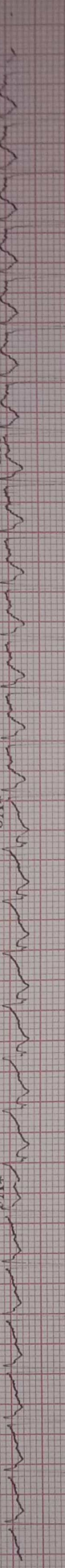
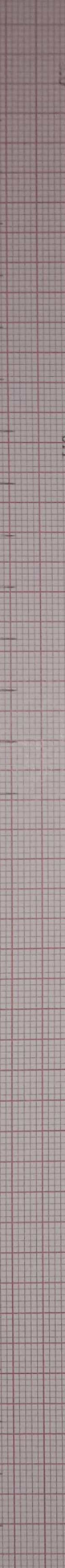
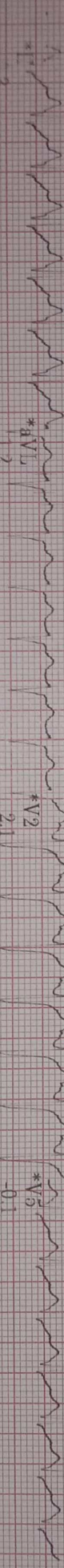
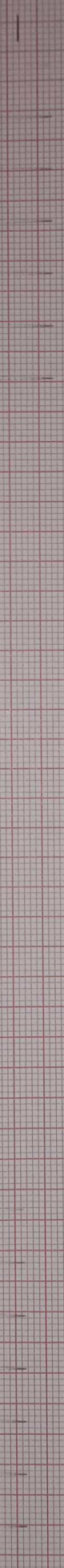
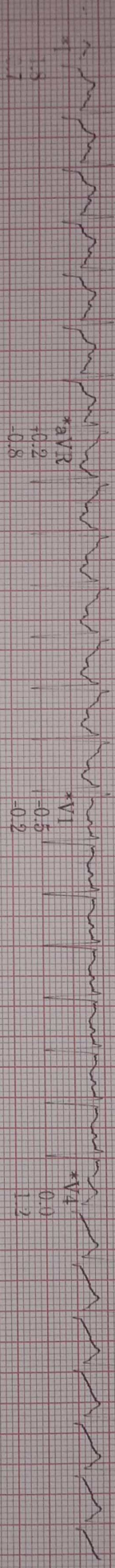
114bpm
B.P. 124/80

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms post J

Lead
ST(mV)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46
 * Computer Synthesized Rhythm
 MAC55 009C
 Vital Signs™
 P/N 20000070
 PRINTED IN USA

AS SOWHANYA K
D. 1209694
28-Nov-2022
18:18:33

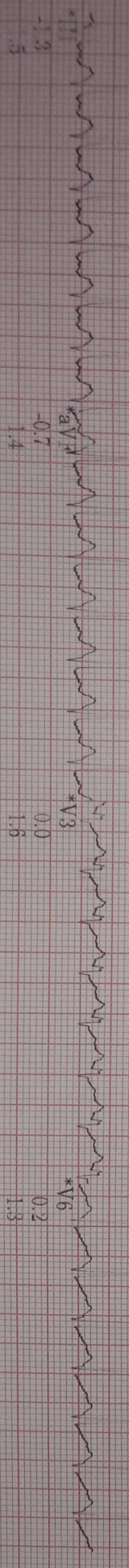
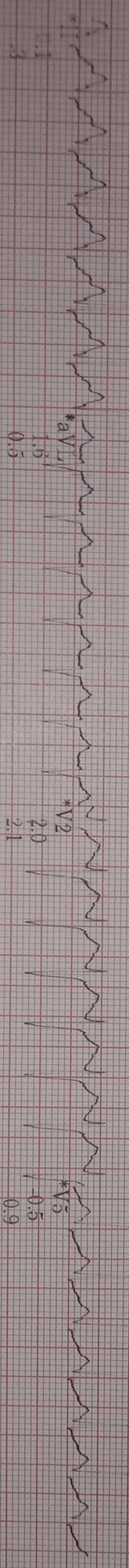
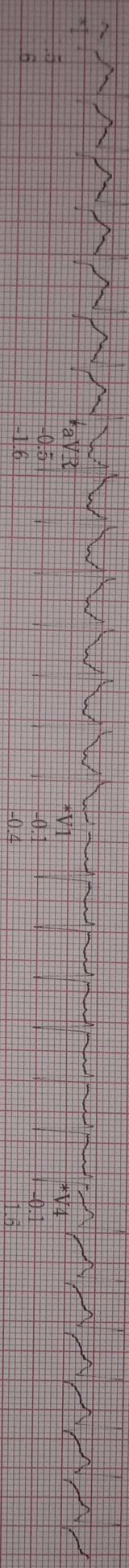
180bpm
EXERCISE
STAGE 3
6:14

BRUCE
3.4mph
14.0%

CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE

ST @ 10mm/mV
80ms postJ

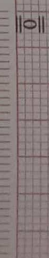
Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C



AS-SOMVYA K
D 11209694

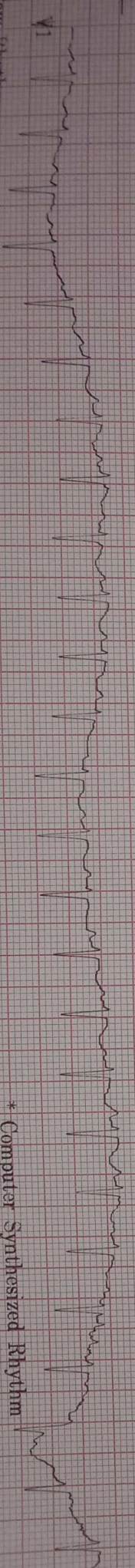
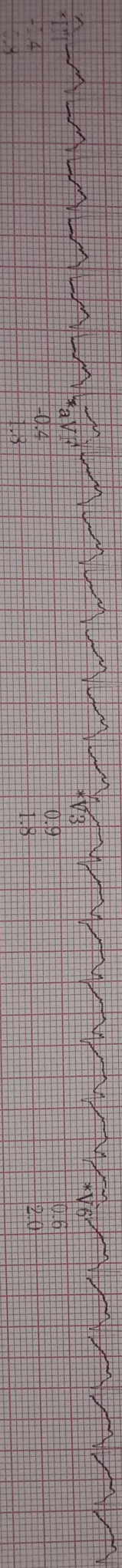
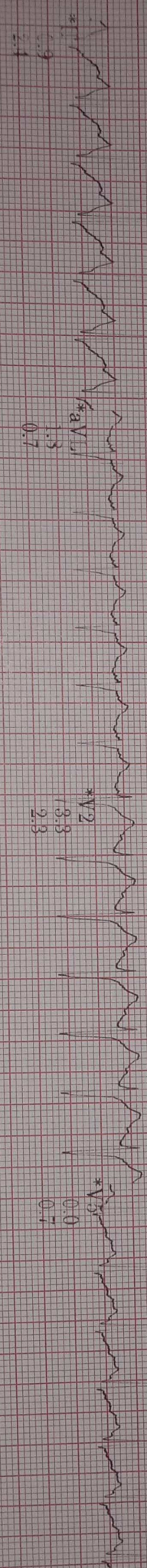
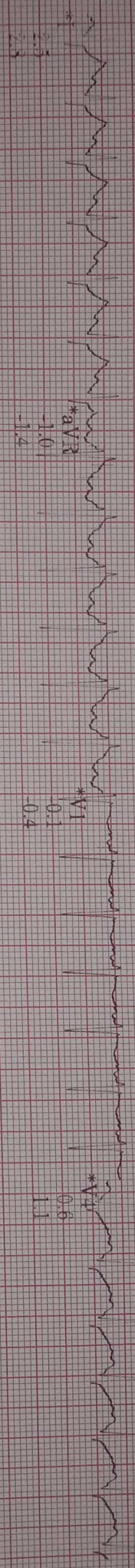
23-01-2022
18:03

159bpm
BP: 120/80
RECOVERY
Post
1:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms post/J

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MAC35 009C

RS SOWMYA K

D: 111209694

28-Jul-2022

18:21:33

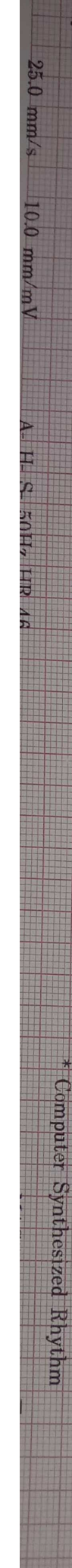
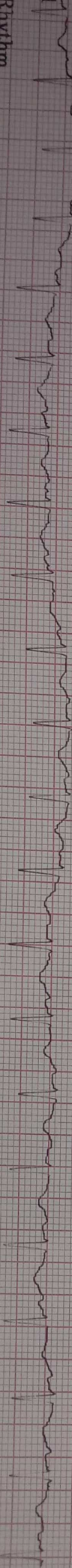
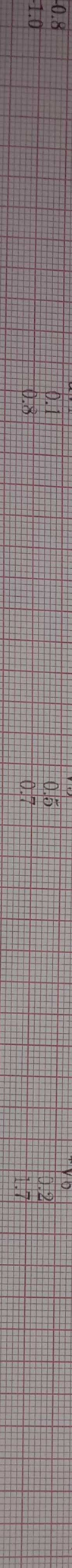
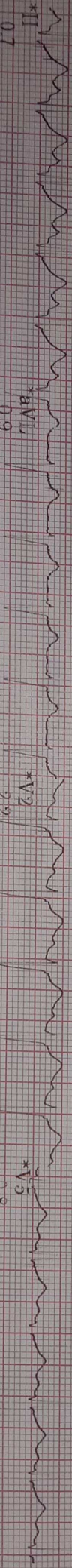
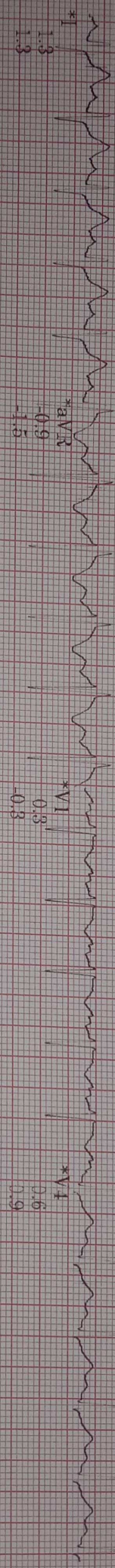
129bpm

RECOVERY
Postl
3:00

BRUCE
** * mph
** * %

ST @ 10mm/mV
80ms postJ

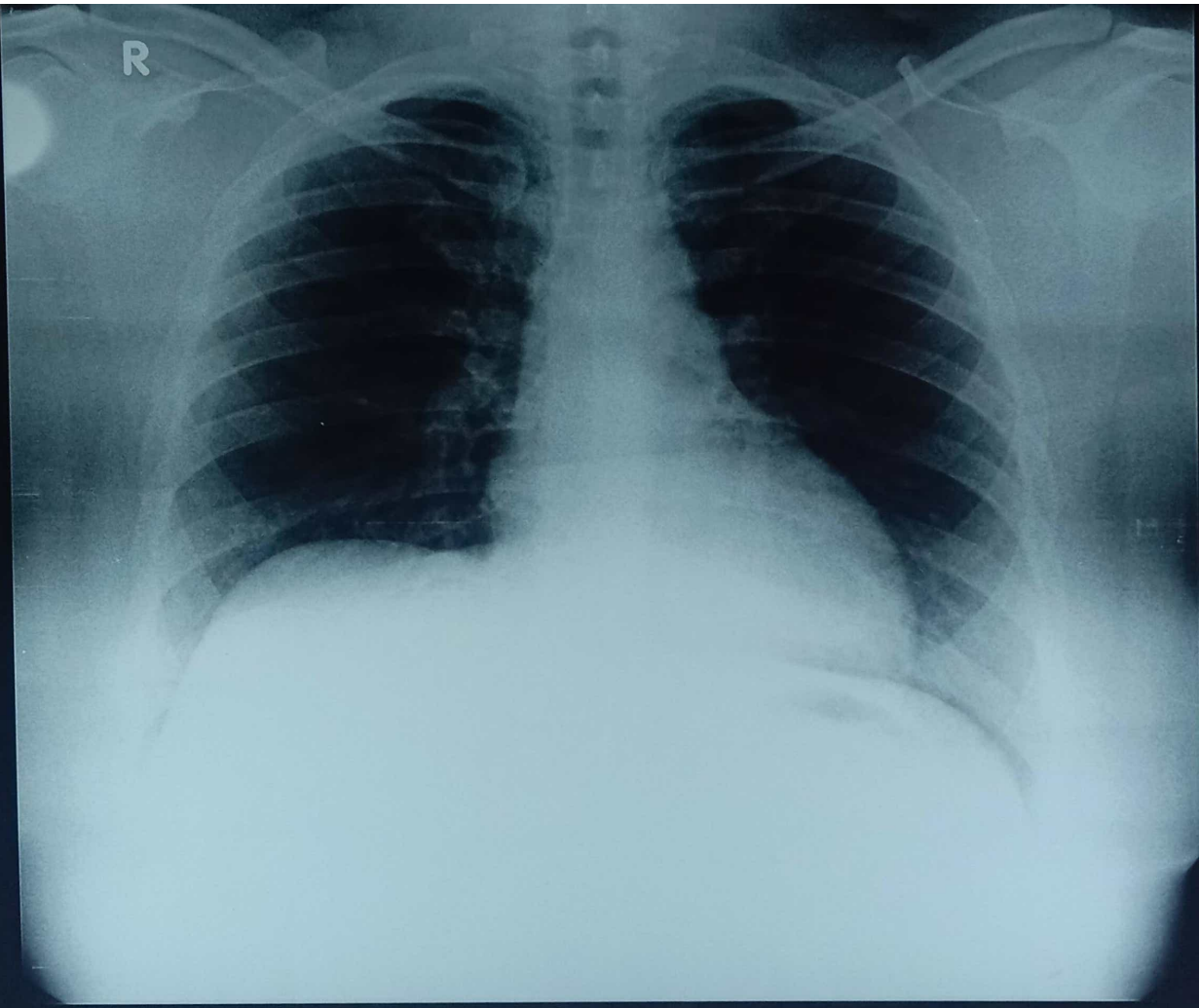
Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A. H. S. 50Hz, 100 mA

Raw Rhythm

* Computer Synthesized Rhythm



SOWMYA K 26 MED111209694 F CHEST PA 7/23/2022 01:42 PM
MEDALL CLUMAX DIAGNOSTIC

Name : Mrs. SOWMYA K
PID No. : MED111209694
SID No. : 712222373
Age / Sex : 26 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 23/07/2022 9:49 AM
Collection On : 23/07/2022 11:30 AM
Report On : 23/07/2022 4:05 PM
Printed On : 24/07/2022 11:04 AM



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


Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	11.6	g/dL	12.5 - 16.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

Remark: Kindly correlate clinically.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	34.8	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.11	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	68.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	22.7	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.3	g/dL	32 - 36
RDW-CV (Derived)	16.1	%	11.5 - 16.0
RDW-SD (Derived)	38.32	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	11720	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	61	%	40 - 75


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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	32	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	7.15	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.75	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.23	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.59	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	412	10 ³ / µl	150 - 450
MPV (Blood/Derived)	8.0	fL	8.0 - 13.3
PCT	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	28	mm/hr	< 20


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	177	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	161	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.

Remark: Kindly correlate clinically.

HDL Cholesterol (Serum/Immunoinhibition)	42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	102.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	32.2	mg/dL	< 30


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Non HDL Cholesterol (Serum/Calculated)	135.0	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)	4.2		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)	3.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4		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)	6.4	%	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 %

Remark: Kindly correlate clinically.


Estimated Average Glucose (Whole Blood)	136.98	mg/dL
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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.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.16	ng/ml	0.7 - 2.04
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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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.60	Microg/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/Chemiluminescent Immunometric Assay (CLIA))	3.374	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 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative


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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil


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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Remark: Test to be confirmed by Gel method.

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular logo with blue and pink segments.

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BIOCHEMISTRY

BUN / Creatinine Ratio	9.4		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	96	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	156	mg/dL	70 - 140
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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. 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.

Remark: Kindly correlate clinically.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.4	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.0	mg/dL	0.6 - 1.1
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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/Uricase/Peroxidase)	6.9	mg/dL	2.6 - 6.0
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Remark: Kindly correlate clinically.


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-- End of Report --

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Age & Gender	26Y/F	Visit Date	Jul 23 2022 9:49AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**



DR. MOHAN. B
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MRI)
CONSULTANT RADIOLOGIST