

Name : Mrs. VINUTHA G
PID No. : MED121744630 Register On : 18/03/2023 8:15 AM
SID No. : 522304175 Collection On : 18/03/2023 11:15 AM
Age / Sex : 23 Year(s) / Female Report On : 18/03/2023 5:51 PM
Type : OP Printed On : 20/03/2023 9:03 AM
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Investigation Observed Value Unit Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.66	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.2	%	37 - 47
RBC Count (EDTA Blood)	4.69	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	81.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.1	g/dL	32 - 36
RDW-CV	14.0	%	11.5 - 16.0
RDW-SD	39.94	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7880	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	67.29	%	40 - 75
Lymphocytes (Blood)	24.07	%	20 - 45
Eosinophils (Blood)	3.78	%	01 - 06
Monocytes (Blood)	4.63	%	01 - 10




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

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Basophils (Blood)	0.23	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	5.30	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.90	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.30	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.36	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	306.6	10 ³ / µl	150 - 450
MPV (Blood)	7.95	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	30	mm/hr	< 20




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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.23	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.10	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.23	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.22	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.28	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	78.1	U/L	42 - 98
Total Protein (Serum/Biuret)	6.98	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.06	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.92	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2




Dr. Atira Mirza (MD)
Consultant Pathologist
KMC: DLH 2018 0000230 KTK
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	168.65	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	105.20	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)	48.22	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	99.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	120.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.




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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0




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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 105.41 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 glyemic 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/ECLIA)	1.78	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 (Tyroxine) - Total (Serum/ECLIA)	11.91	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)	3.24	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 (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	30		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative



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Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

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



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'AB' 'Positive'

INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Reg No:KMC 89655

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BIOCHEMISTRY

BUN / Creatinine Ratio	7.40		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	78.39	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	97.92	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	4.0	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.64	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/Enzymatic)	2.94	mg/dL	2.6 - 6.0
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-- End of Report --

Name	MRS.VINUTHA G	ID	MED121744630
Age & Gender	23Y/FEMALE	Visit Date	18 Mar 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (10.3cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended and shows clear contents. No evidence of calculus. 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.

BOTH 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	8.7	1.2
Left Kidney	10.5	1.4

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

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 5.4mm.

Uterus measures LS: 5.8cms AP: 3.5cms TS: 4.4cms.

OVARIES are normal in size and show multiple tiny peripherally arranged immature follicles with central echogenic stroma.

Right ovary measures 3.3 x 1.5 x 2.6cms, volume 7cc.

Left ovary measures 2.6 x 2.1 x 1.4cms, volume 4cc.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **Morphological features of polycystic ovaries.**
- **No other significant sonological abnormality detected.**

**Suggested correlation with hormonal assay.*

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Age & Gender	23Y/FEMALE	Visit Date	18 Mar 2023
Ref Doctor Name	MediWheel		

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Lr

Name	MRS.VINUTHA G	ID	MED121744630
Age & Gender	23Y/FEMALE	Visit Date	18 Mar 2023
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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.32	cms.
LEFT ATRIUM	:	2.20	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	3.24	cms.
(SYSTOLE)	:	2.01	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.00	cms.
(SYSTOLE)	:	0.93	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	0.89	cms.
(SYSTOLE)	:	1.31	cms.
EDV	:	42	ml.
ESV	:	12	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	TRIVIAL TR.PASP-15mmHg
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.**

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Ref Doctor Name	MediWheel		

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	VINUTHA G	Customer ID	MED121744630
Age & Gender	23Y/F	Visit Date	Mar 18 2023 8:15AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

- ***No significant abnormality detected.***



DR.G KAMESH

CONSULTANT RADIOLOGIST

OPTICAL STORE

Unique Collection

Ph: 9611444957

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

Name **Vinutha**
Age **23 F**

Ph No **990283095**

CHIEF COMPLAINTS

RE / LE / BE

DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness

Visual Activity

	RE	LE
Distance / Near	6/6	6/6
With PH		
With Glasses/C	—————	

Color Vision: **BB = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	Plano 6/6				Plano 6/6			
Near								

Advise: Constant Use / Near Use / Distance Only

Ravi Kumar
Mr. Ravi Kumar H (18/03/23)
(Consultant Optometrist)

Patient Name	Vinutha E	Date	18/03/23
Age	23 Y	Visit Number	522304175
Sex	Female	Corporate	medhikeel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 165 cms

Weight : 66 kgs

Pulse : 68 bpm /minute

Blood Pressure : 110/70 mmHg mm of Hg

BMI : 24.2

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 84 cms

Inspiration : 86 cms

Abdomen Measurement : 89 cms

Eyes : NAD Ears : NAD

Throat : NAD Neck nodes : no palpable no tenderness.

RS : BIL NVBS ⊕ CVS : S1 S2 sounds clear

PA : soft ⊕ no tenderness CNS : NAD

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



Signature
Dr. RITESH RAJ, MBBS
 General Physician & Diabetologist
 KMC Reg. No. 85875

23 Years
Female

QRS : 72 ms
QT / QTcBaz : 350 / 439 ms
PR : 140 ms
P : 96 ms
RR / PP : 630 / 631 ms
P / QRS / T : 65 / 45 / 23 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

