Patient Ref. No. 666000001662622

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
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DDRC SRL DIAGNOSTICS
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TRICHUR, 680020
KERALA, INDIA
Tel : 9446425900
Email : thrissur.ddrc@srl.in

PATIENT NAME : RANI THOMAS PATIENT ID : **RANIF2409854177**

ACCESSION NO : **4177VI002486** AGE : 37 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 24/09/2022 11:53 REPORTED : 24/09/2022 16:44

REFERRING DOCTOR : DR.SINDHU 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	ATTACHED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION	COMPLETED

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

SERUM BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN	8	6 - 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	12.9	5 - 15	
CREATININE, SERUM			
CREATININE	0.62	0.60 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	82	Diabetes Mellitus : > or = 200 mg/dL. Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.	mg/dL
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	101	Diabetes Mellitus : > or = 126 mg/dL. Impaired fasting Glucose/ Prediabetes : 101 to 125 mg/dL. Hypoglycemia : < 55 mg/dL.	mg/dL
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.3	Normal : 4.0 - 5.6 %. Non-diabetic level : < 5.7%. 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	105.4	< 116.0	mg/dL
CORONARY RISK PROFILE (LIPID PROFILE), SERUM			
CHOLESTEROL	200	Desirable: <200 BorderlineHigh : 200-239 High : > or = 240	mg/dL
TRIGLYCERIDES	108	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High: > 499	mg/dL
HDL CHOLESTEROL	41	40 - 60	mg/dL

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DIRECT LDL CHOLESTEROL	**145**	**High**	Adult levels: Optimal < 100 Near optimal/above optimal: 100-129 Borderline high : 130-159 High : 160-189 Very high : = 190	mg/dL
NON HDL CHOLESTEROL	**159**	**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	**4.9**	**High**	3.30 - 4.40	
LDL/HDL RATIO	**3.5**	**High**	0.5 - 3.0	
VERY LOW DENSITY LIPOPROTEIN	21.6		< or = 30.0	mg/dL
LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, TOTAL	0.34		< 1.1	mg/dL
BILIRUBIN, DIRECT	0.14		0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT	0.20		0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.9		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.2		3.5 - 5.2	g/dL
GLOBULIN	2.7		2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.6		1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18		< 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19		< 34	U/L
ALKALINE PHOSPHATASE	**111**	**High**	35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	20		< 40	U/L
URIC ACID, SERUM				
URIC ACID	5.7		2.4 - 5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP METHOD : GEL CARD METHOD	TYPE B			
RH TYPE	POSITIVE			
BLOOD COUNTS				
HEMOGLOBIN	**10.8**	**Low**	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.61		3.8 - 4.8	mil/µL

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WHITE BLOOD CELL COUNT	6.67	4.0 - 10.0	thou/µL
PLATELET COUNT	357	150 - 410	thou/µL

Comments

RECHECKED

RBC AND PLATELET INDICES

HEMATOCRIT	**32.5** **Low**	36 - 46	%
MEAN CORPUSCULAR VOL	**70.4** **Low**	83 - 101	fL
MEAN CORPUSCULAR HGB.	**23.4** **Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	**15.0** **High**	11.6 - 14.0	%
MEAN PLATELET VOLUME	8.2	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT - NLR

SEGMENTED NEUTROPHILS	66	40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	4.40	2.0 - 7.0	thou/µL
LYMPHOCYTES	28	20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	1.87	1 - 3	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.4		
EOSINOPHILS	03	1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	0.20	0.02 - 0.50	thou/µL
MONOCYTES	03	2 - 10	%
ABSOLUTE MONOCYTE COUNT	0.20	0.20 - 1.00	thou/µL
BASOPHILS	0	< 1 - 2	%
ABSOLUTE BASOPHIL COUNT	**00** **Low**	0.02 - 0.10	thou/µL

ERYTHRO SEDIMENTATION RATE, BLOOD

SEDIMENTATION RATE (ESR)	17	0 - 20	mm at 1 hr

STOOL: OVA & PARASITE

COLOUR	SAMPLE NOT RECEIVED	
CONSISTENCY	SAMPLE NOT RECEIVED	
ODOUR	SAMPLE NOT RECEIVED	
MUCUS	SAMPLE NOT RECEIVED	NOT DETECTED

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VISIBLE BLOOD	SAMPLE NOT RECEIVED	ABSENT	
POLYMORPHONUCLEAR LEUKOCYTES	SAMPLE NOT RECEIVED	0 - 5	/HPF
RED BLOOD CELLS	SAMPLE NOT RECEIVED	NOT DETECTED	/HPF
MACROPHAGES	SAMPLE NOT RECEIVED	NOT DETECTED	
CHARCOT-LEYDEN CRYSTALS	SAMPLE NOT RECEIVED	NOT DETECTED	
TROPHOZOITES	SAMPLE NOT RECEIVED	NOT DETECTED	
CYSTS	SAMPLE NOT RECEIVED	NOT DETECTED	
OVA	SAMPLE NOT RECEIVED		
LARVAE	SAMPLE NOT RECEIVED	NOT DETECTED	
ADULT PARASITE	SAMPLE NOT RECEIVED		
OCCULT BLOOD	SAMPLE NOT RECEIVED	NOT DETECTED	
REMARK	SAMPLE NOT RECEIVED		
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
THYROID PANEL, SERUM			
T3	102.39	Male and Non-Pregnant : 70-204ng/dL Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	
T4	6.70	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	1.110	0.35 - 5.50	µIU/mL
URINE ANALYSIS			
COLOR	PALE YELLOW		
APPEARANCE	**CLOUDY**		
SPECIFIC GRAVITY	1.030	1.003 - 1.035	
KETONES	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	

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BACTERIA	**DETECTED (+)**	NOT DETECTED	
CHEMICAL EXAMINATION, URINE			
PH	6.0	4.7 - 7.5	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
NITRITE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
WBC	**8-10**	0-5	/HPF
EPITHELIAL CELLS	**10-15**	0-5	/HPF
RED BLOOD CELLS	**3 - 5**	NOT DETECTED	/HPF
CASTS	NIL		
CRYSTALS	NIL		

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
Causes of Increased levels
Pre renal
• 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, EDTA WHOLE BLOOD-

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Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.
Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.
Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.
"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.''

References
1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
2. Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
CORONARY RISK PROFILE (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.
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.
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

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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-
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-
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.

WBC DIFFERENTIAL COUNT - NLR-
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.

ERYTHRO SEDIMENTATION RATE, BLOOD-
Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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

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PATIENT NAME : RANI THOMAS PATIENT ID : **RANIF2409854177**

ACCESSION NO : **4177VI002486** AGE : 37 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 24/09/2022 11:53 REPORTED : 24/09/2022 16:44

REFERRING DOCTOR : DR.SINDHU CLIENT PATIENT ID :

Test Report Status	**Final**	**Results**	**Units**

MICROSCOPIC EXAMINATION, URINE-
Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

Scan to View Details

Scan to View Report

Patient Ref. No. 666000001662622

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
Capital City,26/548/5,6,Ground Floor,Korappath Lane,Round North,Thrissur
TRICHUR, 680020
KERALA, INDIA
Tel : 9446425900
Email : thrissur.ddrc@srl.in

PATIENT NAME : RANI THOMAS PATIENT ID : **RANIF2409854177**

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Test Report Status **Final**	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ECG WITH REPORT

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

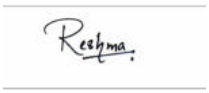
CHEST X-RAY WITH REPORT

REPORT

V

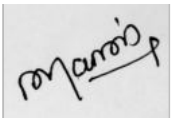
****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession

DR.HARI SHANKAR, MBBS MD
HEAD - Biochemistry & Immunology



RESHMA K R
LAB TECHNICIAN

DR. SINDHU GEORGE
QUALITY MANAGER



MANJU SHAJI
RADIOGRAPHER

Scan to View Details

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. RANI
2. Mark of Identification : (Mole/Scar/any other (specify location)): (R) Shoulder
3. Age/Date of Birth : 37, 29-7-1986 Gender: ~~F/M~~
4. Photo ID Checked : (Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ..... 154 (cms) b. Weight ..... 72 (Kgs) c. Girth of Abdomen ..... 83 (cms)

d. Pulse Rate ..... 78 (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	100	70
2nd Reading	100	70

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	70		
Mother	69		
Brother(s) (1)	33		
Sister(s) (1)	40		

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. Y/N

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

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

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

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N
  Sajo 1-0-1 for RA pain.

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? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? 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;

Low Hb, Suggested GLV. USG – Polycystic ovaries.

Gynecology consult suggested.

- 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. SINDHU GEORGE
MBBS, MD (Biochemistry)
Reg. No: 28380
Consultant Biochemist

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

DDRC SRL DIAGNOSTICS CAPITAL CITY THRISSUR 680 020

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.

24-Sep-2022 8:29:19

DOB:
37yr, FEMALE

eg. WNL

Vent rate:	75 BPM
PR int:	194 ms
QRS dur:	89 ms
QT/QTc:	414/443 ms
P-R-T axes:	71 72 49
Avg RR:	794 ms
QTcB:	464 ms
QTcF:	447 ms

Rani Thomas
24/9/22.

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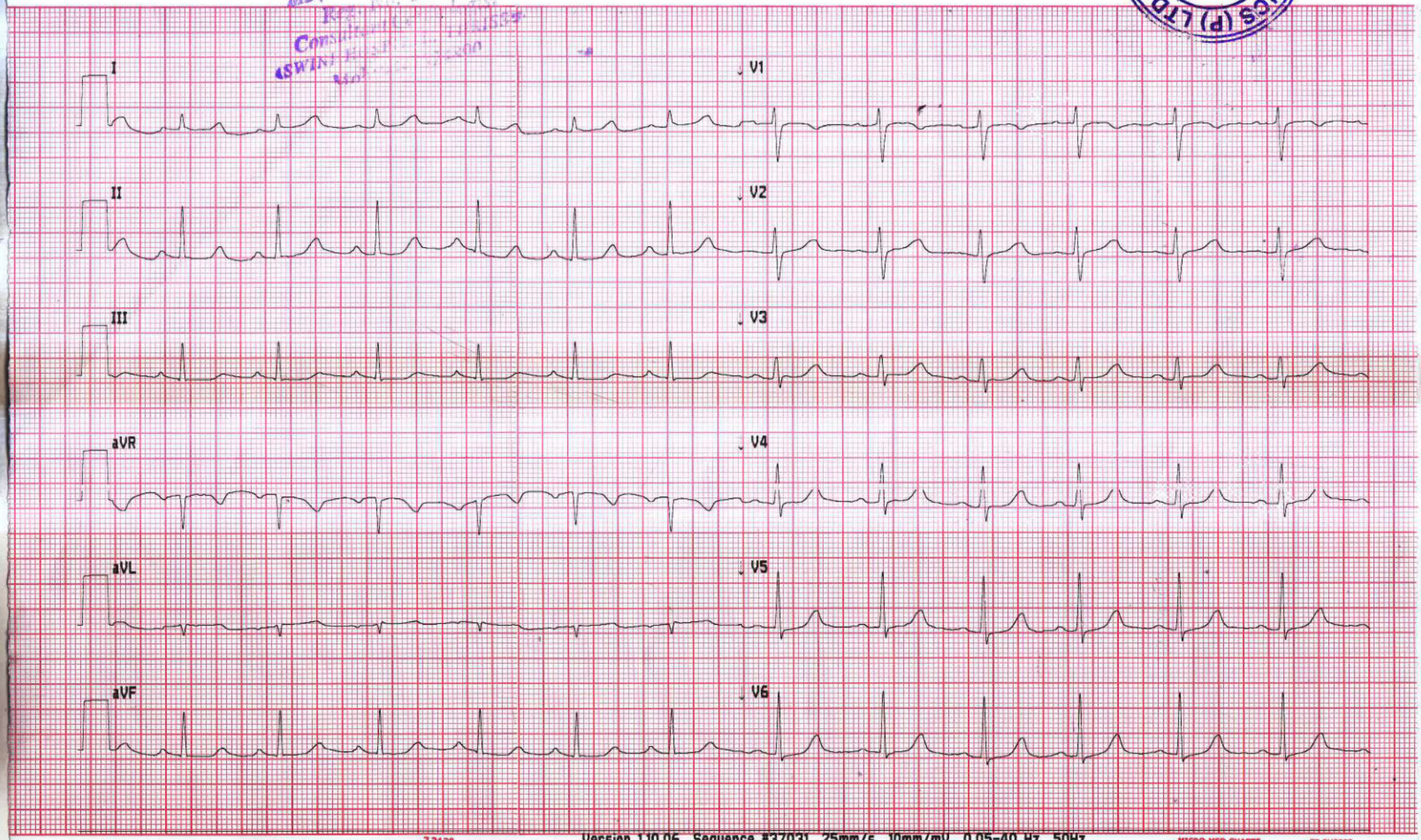

7 2120 Version 1.10.06 Sequence #37031 25mm/s 10mm/mV 0.05-40 Hz 50Hz MICRO MED CHARTS CE BU0553

Name: RANI THOMAS	**Age/Sex: 37 Y/ F**
Date: 24.09.2022	**AC 2486**

CHEST X-RAY (PA View):

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema, or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

IMPRESSION:

- **No significant abnormality detected.**

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DR. JESWIN PAULSON DMRD
CONSULTANT RADIOLOGIST

Dr. Jeswin Paulson MBBS, DMRD
Reg. No. 43581
Consultant Radiologist

VISION CERTIFICATE

This is to certify that .....RANI THOMAS....., 36/F has been examined and results are as follows

	Right Eye	Left Eye
Distant vision	: 6/6	6/6
Near vision	: N/6	N/6
IOP(Intra ocular pressure)	: 17 mmof Hg (WNL)	18 mmof Hg
Anterior segment	: Normal	Normal
Fundus	: Normal	Normal
Squint	: Nil	Nil
Colour vision	: Normal	Normal

Doctor's Signature

Place: THRISSUR

Date : 24/9/22

DR. RESHMI E. GEORGE
M.B.B.S., MS(OPH)
CONSULTANT OPHTHALMOLOGIST
Reg.No : 44076

DRISHYAM EYE CARE HOSPITAL LLP * THRISSUR

Patient Name: MRS. RANI	**Age: 37 Y**	**Sex: Female**
Ref. Consultant:	**AC No: 4177VI002**	**Date :24.09.2022**
Clinical details:		

USG ABDOMEN

Liver measures 12 cm, normal in size and echotexture. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is partially distended and appears normal. No calculus or mass seen.

Spleen measures 9.8 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail is obscured.

Right kidney measures 9 x 3.9 cm and left kidney measures 9.1 x 4.4 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.

Urinary bladder is distended and appears normal. No calculus or mass seen.

Uterus is retroverted and measures 6 x 4.5 x 4.3 cm, normal in size and echotexture. No focal myometrial lesions. Endometrial thickness measures 9.4 mm, cavity is empty.

Right ovary measures 2.9 cc in volume and left ovary measures 4.2 cc in volume. Both ovaries are normal in size and **show polycystic appearance. No dominant follicle noted in both the ovaries.**

No adnexal mass seen. No free fluid noted in POD.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

IMPRESSION

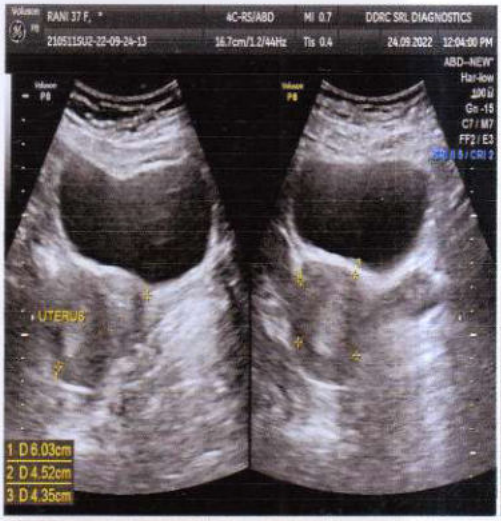
- **Normal sized ovaries with polycystic appearance -** ***Correlate clinically.***

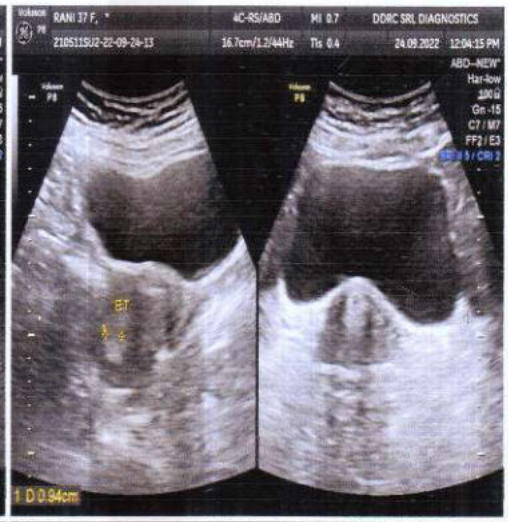
DR. JESWIN PAULSON DMRD
CONSULTANT RADIOLOGIST

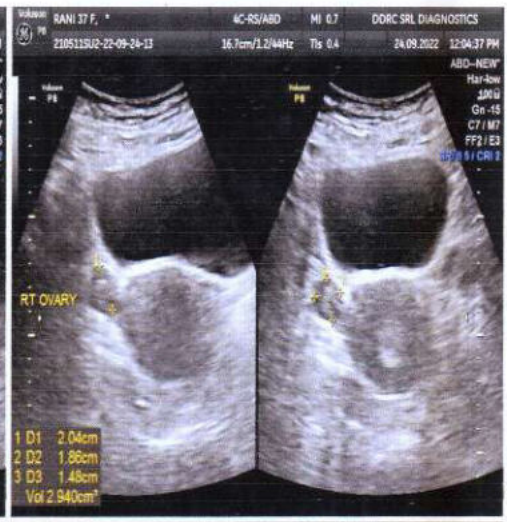
Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated with relevant investigations.

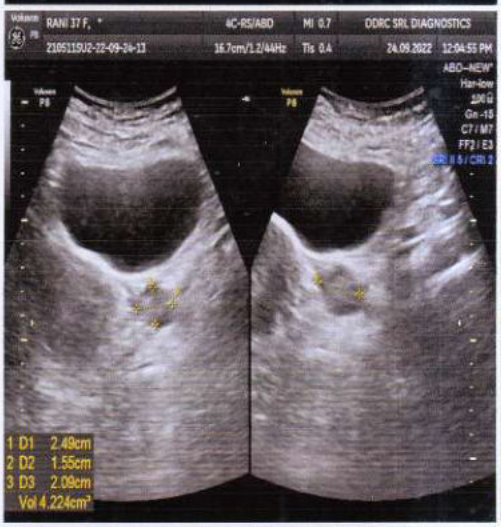
Dr. Jeswin Paulson MBBS, DMRD
Reg. No. 43581
Consultant Radiologist

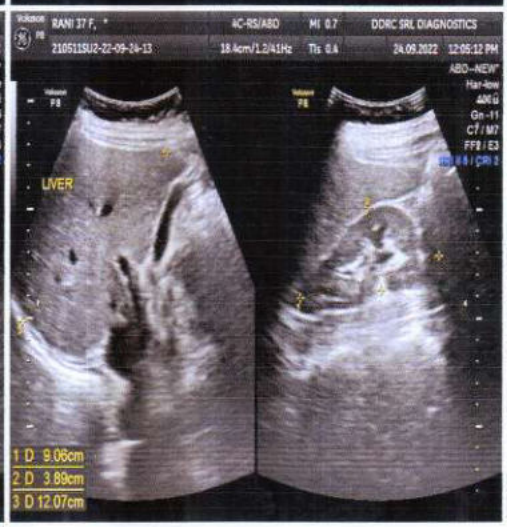
Patient name	Mrs. RANI 37 F	Age/Sex	37 Years / Female
Patient ID	210511SU2-22-09-24-13	Visit No	1
Referred by	Dr. SELF	Visit Date	24/09/2022

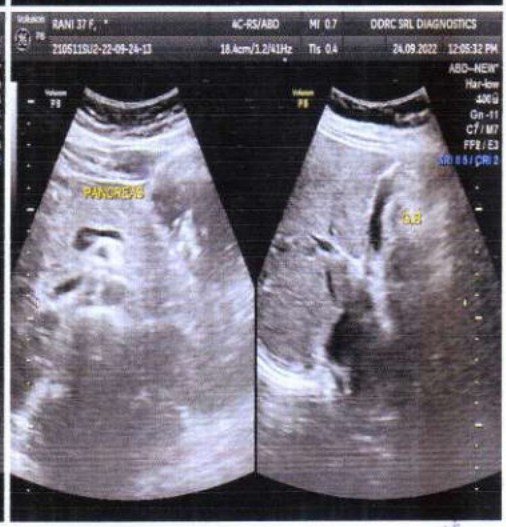


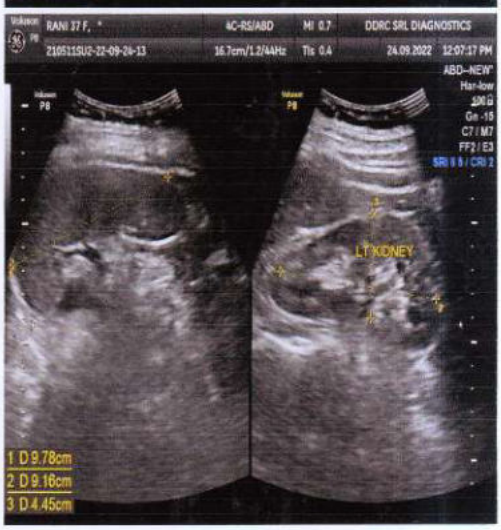


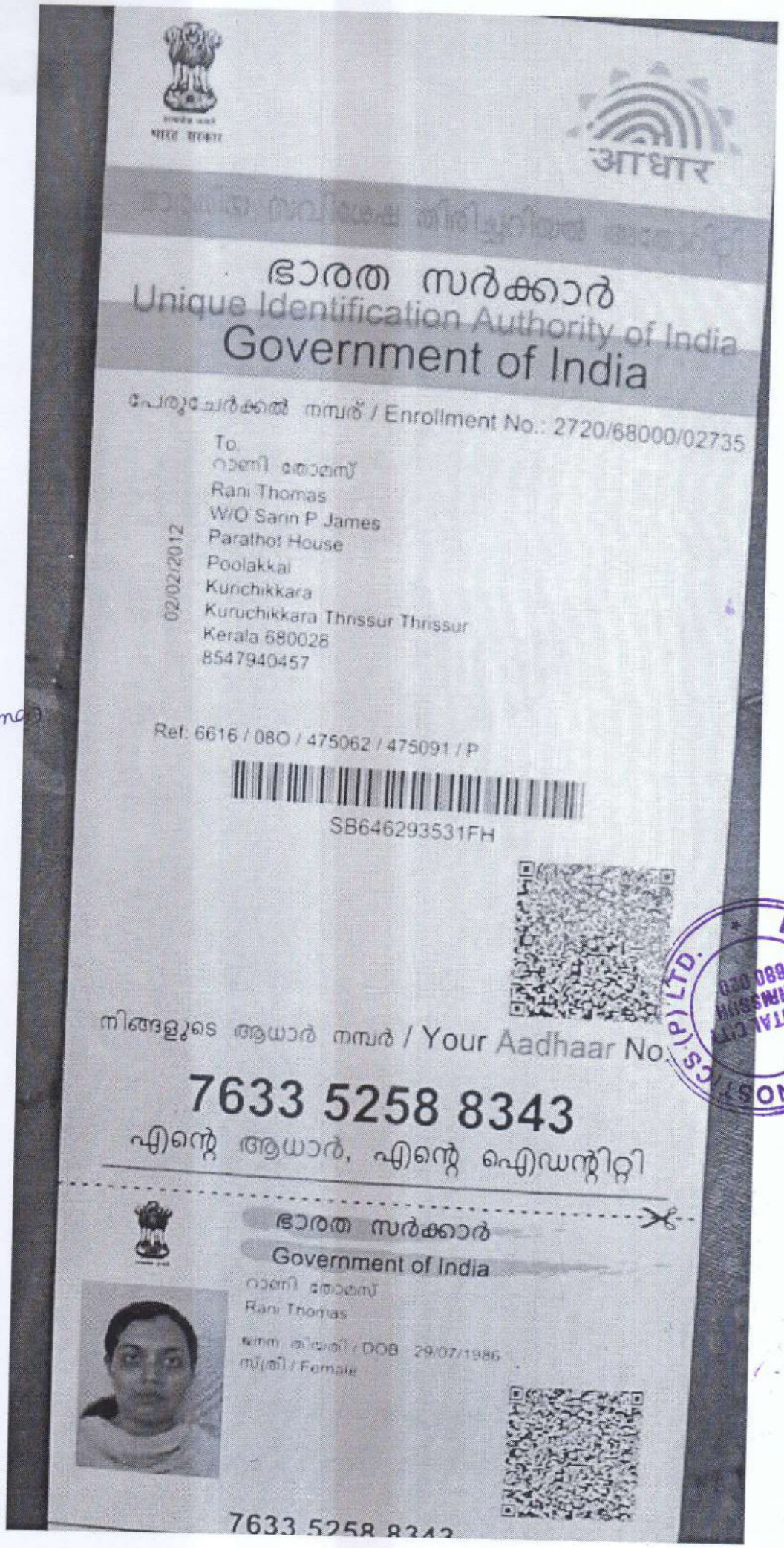












ഭാരത സർക്കാർ
Unique Identification Authority of India
Government of India

പേരുചേർക്കൽ നമ്പർ / Enrollment No.: 2720/68000/02735

To,
റാണി തോമസ്
Rani Thomas
W/O Sarin P James
Parathot House
Poolakkal
Kunchikkara
Kuruchikkara Thrissur Thrissur
Kerala 680028
8547940457

02/02/2012

Ref: 6616 / 080 / 475062 / 475091 / P

SB646293531FH

നിങ്ങളുടെ ആധാർ നമ്പർ / Your Aadhaar No.:

7633 5258 8343

എന്റെ ആധാർ, എന്റെ ഐഡന്റിറ്റി

ഭാരത സർക്കാർ
Government of India
റാണി തോമസ്
Rani Thomas
ജനന തീയതി / DOB: 29/07/1986
സ്ത്രീ / Female

7633 5258 8343

Rani Thomas
24/9/22

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