

and have

MEDALL	Sign-up & Health Assessment Form		
	To be filled by Customer		
Ime: Mr/Ms/Mrs AAR +h i	<u>SILIIIIII</u>		
ender: O Male O Female Age:	32 years DOB: /		
obile:	Pincode:	ž	
nail:			
	To be filled by C		
	Medical His	tory	
	Have you been previously diagnosed with?		~
"Bar code	Diabetes (Sugar)	O Yes	O No
ž	Hypertension (BP)	O Yes	O No
	Cardiovascular Disease (Heart)	O Yes	O No
· · · · · · · · · · · · · · · · · ·	Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)	O Yes	O No
Vitals	Neurological Problems (Nerve)	O Yes	O No
To be filled by Technician	Are you currently taking medications for?	-	~
Height: 1 6 5 . 5 cms	Diabetes (Sugar)	O Yes	O No
Waist: 33. in.	Hypertension (BP)	O Yes	O No
ระการสาวานระบบ การการการสาวานระการสาวานการการการสาวานการสาวานสาวานสาวานสาวานสาวานสาวานสาวานสาว	Cardiovascular Disease (Heart)	O Yes	O No
Hip: 37. in.	Liver Disease	O Yes	O No
Weight: 66.1 kg	Cancer	O Yes	O No
	Tuberculosis (TB) Family Hist	O Yes	O No
Fat: 32.4%	Is there a history of below diseases in your family?		
Visc. Fat: 5.0%	Diabetes (Sugar)	O Yes	O No
RM: 1356 cal	Hypertension (BP)	O Yes	O No
harmen and a second a second a se	Cardiovascular Disease (Heart)	O Yes	O No
BMI: 24.1 kg/m ²	Cancer	O Yes	O No
Body Age: 4 2 years	Lifestyle		0
Sys.BP: 107 mmHg	Do you exercise regularly? Do you consume alcohol more than 2 times a week?	O Yes O Yes	О No О No
	Do you consume alconol more than 2 times a week? Do you smoke/chew tobacco?	O Yes	O No
pia.BP: Z-0 mmHg	Are you vegetarian?	O Yes	O No
PULSE- 95	General		
	Do γou see a doctor at least once in 6 months?	O Yes	O No
	Do you undergo a health checkup every year?	O Yes	O No
	How would you rate your overall Health? O	0 0	0 0 Poor Very Poor
	Excelle Women's H	ent Good Normal I ealth	τουι νειγγους
•	Is there a family history of Breast Cancer?	O Yes	O No
	Is there a family history of Endometrial (Uterus) Cancer?	O Yes	O No
	Is there a family history of Ovarian Cancer?	O Yes	O No
	Do you have irregular periods?	O Yes	O No
	Do you have heavy bleeding during periods?	O Yes	O No
	Do you have scanty periods?	O Yes	O No
	Have you attained Menopause?	O Yes	O No
	Do you have children?	O Yes	O No
	Was it a normal delivery?	O Yes	O No
	Did you have diabetes/hypertension during delivery?	O Yes	O No

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Name	MS.AARTHI S	ID	MED110847727
Age & Gender	32Y/FEMALE	Visit Date	08/01/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. 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.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.4	1.6
Left Kidney	10.0	1.9

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

UTERUS is anteverted and bulky in size. It has uniform myometrial echopattern.

Endometrial echo is of normal thickness – 7.0mms.

Uterus measures as follows:

LS: 9.5cms AP: 3.2cms TS: 5.5cms.



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DR. MAHESH. M. S

OVARIES are normal size, shape and echotexture Ovaries measures as follows: Right ovary: 2.7 x 1.7 cms. Left ovary: 2.8 x 1.8 cms.

POD & adnexa are free.

No evidence of ascites.

Impression: Bulky uterus.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. HIMA BINDU.P

Ms/so



Please produce bill copy at the time of collecting the

DR. RADHA KRISHNA. A.



Name	AARTHI S	Customer ID	MED110847727	
Age & Gender	32Y/F	Visit Date	Jan 8 2022 8:44AM	
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: Essentially normal study.

DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



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BRUCE BRUCE Max HR 1620pm 86% of max Total Exercise time 32years Female Max HR 1620pm 86% of max Maximum workload Referred by: C/O MEDI WHEEL Image Max BP-110.60 Maximum workload Referred by: C/O MEDI WHEEL Image Store Comments: GOOD REPORT Pole RANCE NORMAL Stage Stage Stage Max Max BP-110.60 Maximum workload Stage Stage Image Stage Max BP-110.60 Max Stage 1.0 0.0 1.7 97 120.80 STAGE 1 3:00 1.7 10.0 4.6 11.3 Post 5:02 *** 1.0 92 120.80	KECOVERY			EXERCISE	PRETEST	Phase Name	ID: 110847727 8-Jan-2022 9:42:56	MO.AAN I HI O
e Max HR: 162bpm 86% c Max BP: 130/80 Reason for Termination: Comments: GOOD EFF NO SIGNIFICANT ST-T NO ANGINA/ARRHYTH IMP:STRESS TEST IS N ## NEEDS CLINICAL C *** DR.SRIDHAR 1.0 0.0 1.7 1.20 7.0 3.4 14.0 10 *** * *** 1.0	Post	STAGE 3	STAGE 2	STAGE 1	SUPINE	Stage Name		
Wor LIC 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	5:02	2:01	3:00	3:00	4:35	Time in Stage	Female	TAI
Wor 10, 10, 110, 110, 110, 110, 110, 110,	**	3.4	12 27	14 5-3	1.0	Speed (mph)		JULAK SUM
Wor 10, 10, 110, 110, 110, 110, 110, 110,	* * *	14.0	12.0	10.0	0,0	Grade (%)	RUCE ax HR. 162bpn ax BP: 130-80 mments: GOC MIGNIFICAN MIGNIFICAN MEEDS CLIN NEEDS CLIN * DR.SR	TABULAK SUMMARY REPORT
Total Exercise time: 8:01 predicted 188bpm Maximum workload: 10.1N nt fatigue OLERANCE.NORMAL HR GES SEEN DURING EXEI (VE FOR INDUCIBLE ISC ATION FOR FURTHER N MD,DM,FICC, CARDIOLC HR (bpm) (mmHg) 113 135 120/80 157 120/80 92 120/80	11.0	10.1	7.0	4.6	1.7	WorkLoad (METS)	ation: EFF ST-T YTH NAL C	2T
e time: 8:01 Sbpm IORMAL HR JURING EXEI OUCIBLE ISC PUCIBLE ISC CARDIOLC (mmHg) 120/80 120/80 120/80	92	157	135		97	(bpm)	Total Exercis predicted 18 Maximum wo nt fatigue OLERANCE.N GES SEEN D GES SEEN D IVE FOR INI LATION FOR MD,DM,FICC	
	120/80	130/80	130/80		120/80	(mmHg)	e time: 8:01 Shpm rkload: 10.11 rkload: 10.11 ORMAL HR URING EXE FURTHER M FURTHER M CARDIOL	
25.0 mm/s 10.0 mm/mV 10.0 mm/mV 100hz 100hz 100hz RESPONSE RECOVERY HEMIA (x100D), \$3,500 ## (x100D), \$3,500 ## (x10D), \$3,500	011	204		K.M.C. No. 32	ALG Ventional Cardi	RPP (x100D), C. Kurrey	8:01 25.0 mm 10.1METS 100hz HR AND BP RESPONSE. EXERCISE & RECOVERY 2. ISCHEMIA ER MANAGEMENT ## DIOLOGIST ***	

Vital SignsTM

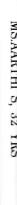
PRINTED IN U.S.A. MAC55 010Bsp1

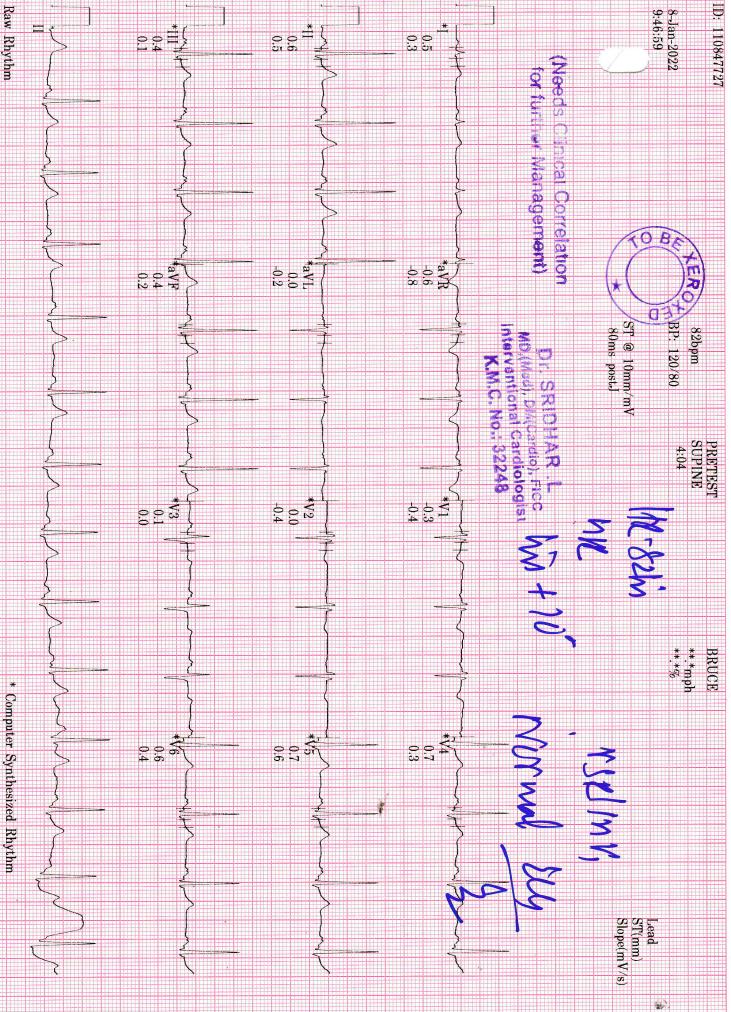
Unconfirmed

P/N 2009828-020

CLUMAX DIAGNOSTICS

Technician: MANJU





20 Hz

25.0 mm/s

10.0 mm/mV

A- H- S- 50Hz HR 46

Vital Signs^T

PRINTED IN U.S.A

MAC55 010Bsp1

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P/N 2009828-020

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Age / Sex	: 32 Year(s) / Female	Report On	: 09/01/2022 1:56 PM	MEDALL
Туре	: OP	Printed On	: 09/01/2022 5:13 PM	
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>HAEMATOLOGY</u>			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	37.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.28	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	87.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.19	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	52.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.7	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.3	%	01 - 06





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The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.5	%	02 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.86	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.68	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.31	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.40	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	275	10^3 / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	3	mm/hr	< 20





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Investigation BIOCHEMISTRY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.2	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	4.5	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.7		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	13	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	11	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	67	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase)	14	U/L	< 38

(Serum/SZASZ standarised IFCC)



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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	205	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	69	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)	39	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	152.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	13.8	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	166.0	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.



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/ <i>Calculated</i>)	5.3		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/ <i>Calculated</i>)	1.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0





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Investigation Glycosylated Haemoglobin (HbA1c)	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval	
HbA1C (Whole Blood/ <i>HPLC</i>)	5.2	%	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 %				

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

Estimated Average Glucose 102.54 mg/dL

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past8 - 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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Name PID No. SID No. Age / Sex Type Ref. Dr	: Ms. AARTHI S : MED110847727 : 922001309 : 32 Year(s) / Female : OP : MediWheel	Collection On : 08/01/2 Report On : 09/01/2	2022 8:46 AM 2022 12:25 PM 2022 1:56 PM 2022 5:13 PM	MEDALL
Investiga IMMU	ation JNOASSAY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
	ID PROFILE / TFT odothyronine) - Total IIA)	1.09	ng/mL	0.7 - 2.04
Comment Total T3 v	-	dition like pregnancy, drugs, neph	rosis etc. In such ca	ses, Free T3 is recommended as it is

Metabolically active.

T4 (Thyroxine) - Total	8.18	µg/dL	4.2 - 12.0
(Serum/CMIA)			
INTERPRETATION:			
Comment :			
Total T4 variation can be seen in other condition like pr Metabolically active.	regnancy, drugs, nep	hrosis etc. In such cases,	Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone)	1.96	µIU/mL	0.35 - 5.50

(Serum/Chemiluminescent Microparticle

Immunoassay(CMIA))

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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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine)	Pale yellow		
Volume (Urine)	10	mL	
Appearance (Urine)	Clear		Clear
<u>CHEMICAL EXAMINATION(Automated- Urineanalyser)</u>			
pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative





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Investigation Urobilinogen (Urine/AUTOMATED URINANALYSER) MICROSCOPY(URINE DEPOSITS)	Observed Value 0.2	<u>Unit</u>	Biological Reference Interval 0.2 - 1.0
Pus Cells (Urine/ <i>Flow cytometry</i>) Epithelial Cells	0-2 1-2	/hpf /hpf	3-5 1-2
(Urine) RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	10		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	81	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)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	6	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Jaffe Kinetic</i>)	0.6	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists, N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

mg/dL

2.8

Uric Acid (Serum/Uricase/Peroxidase)

> DR MANJUNATHA T.M Consultant Pathologist KMC Reg No : 112205

> > VERIFIED BY



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2.6 - 6.0

Name	: Ms. AARTHI S			
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Investigation

<u>Observed</u> <u>Value</u> <u>Unit</u>

Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)

'O' 'Positive'



VERIFIED BY



APPROVED BY

-- End of Report --