

Name : Mrs. DEEPA R

PID No. : MED122355419

SID No. : 522319982

Age / Sex : 31 Year(s) / Female

Ref. Dr : MediWheel

Source : MediWheel

Register On : 23/12/2023 9:09 AM

Collection On : 23/12/2023 11:27 AM

Report On : 23/12/2023 7:09 PM

Printed On : 25/12/2023 9:05 AM

Type : OP

## REPORT

Investigation

Observed  
Value

Unit

Biological  
Reference Interval

### IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

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



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### HAEMATOLOGY

#### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	11.29	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	36.9	%	37 - 47
RBC Count (EDTA Blood)	5.13	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	71.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	22.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	30.6	g/dL	32 - 36
RDW-CV	16.2	%	11.5 - 16.0
RDW-SD	40.77	fL	39 - 46

  
Najmul Hussain Khan  
Sr Lab Tech  
VERIFIED BY



  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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Total Leukocyte Count (TC) (EDTA Blood)	7210	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	54.85	%	40 - 75
Lymphocytes (Blood)	38.75	%	20 - 45
Eosinophils (Blood)	1.15	%	01 - 06
Monocytes (Blood)	4.91	%	01 - 10
Basophils (Blood)	0.34	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	3.95	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.79	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.08	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.35	$10^3 / \mu\text{l}$	< 1.0



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Absolute Basophil count (EDTA Blood)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	309.9	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	8.39	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	34	mm/hr	< 20

  
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<b>BIOCHEMISTRY</b>			
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	84.99	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	91.58	mg/dL	70 - 140

**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
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	5.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.58	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid  
(Serum/Enzymatic)

3.34

mg/dL

2.6 - 6.0

  
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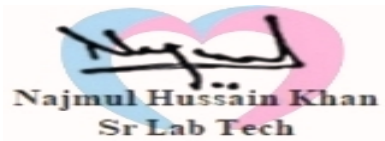
## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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### BIOCHEMISTRY

#### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.33	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.19	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.90	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.79	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.53	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	<b>98.5</b>	U/L	42 - 98
Total Protein (Serum/Biuret)	7.28	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.38	gm/dl	3.5 - 5.2



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Globulin (Serum/Derived)	2.90	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.51		1.1 - 2.2



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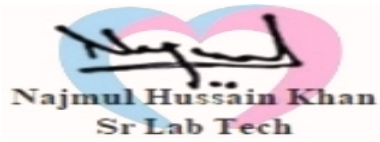
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### REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total <small>(Serum/CHOD-PAP with ATCS)</small>	181.45	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides <small>(Serum/GPO-PAP with ATCS)</small>	85.82	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 <small>(Serum/Immunoinhibition)</small>	<b>47.91</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol <small>(Serum/Calculated)</small>	116.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190



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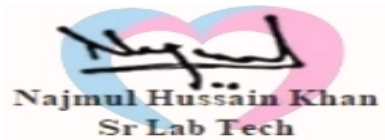
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
VLDL Cholesterol (Serum/Calculated)	17.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	133.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 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)	3.8		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)	1.8		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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### REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.5	%	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 (Whole Blood)	111.15	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 glyceemic 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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MD PATHOLOGY  
KMC 88902

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	9.4		6.0 - 22.0

  
Najmul Hussain Khan  
Sr Lab Tech  
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### IMMUNOASSAY

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.42	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)	7.22	µg/dl	4.2 - 12.0
--	------	-------	------------

#### **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)	2.93	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  $\leq 0.03 \mu\text{U/mL}$  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)	25		

#### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.004		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal

  
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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+++)		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL



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Others  
(Urine)

NIL

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

  
Najmul Hussain Khan  
Sr Lab Tech  
VERIFIED BY



  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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-- End of Report --

# OPTICAL STORE

Unique Collection

Ph: 9611444957

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

Name **Deepa.R**  
Age **31/F**

Ph No **7026397773**

### CHIEF COMPLAINTS

RE / LE / BE DOV / Blurring / Eyeache / Burning  
Itching / Pricking / Redness

**Nil-**

Visual Activity:

	R	L
Distance/ Near	6/8 6/8	6/8 6/8
With Ph		
With Glasses/Ci	6/6 6/6	6/6 6/6

**PGK R 1.75 DS**  
**L 2.00 DS**

Color Vision: **BE = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance								
Near								

Advise: Constant Use / Near Use / Distance Only

**Continue same glasses**

**Dr. Ravikumar H L**  
(Consultant Optometrist)

Patient Name	Mrs. Deepa R	Date	23/12/2023
Age	31	Visit Number	S22319982
Sex	Female	Corporate	medAwheel

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 151 cms

Weight : 75 kgs

Pulse : 86 /minute

Blood Pressure : 120/80 mm of Hg

BMI : 32

#### BMI INTERPRETATION

**Underweight = <18.5**

**Normal weight = 18.5-24.9**

**Overweight = 25-29.9**

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : clinically normal Ears :

Throat : NOT infected Neck nodes : 3 normal

RS : BIL NUBS (P) CVS : S2 (P)

PA : Soft, BS (P) CNS : conscious oriented

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. RITESH RAJ, MBBS  
General Physician & Diabetologies  
M.C.Reg. No: 85875  
MAX DIAGNOSTICS  
Signature



MRS DEEPA R  
ID 122355419

31 Years

Female

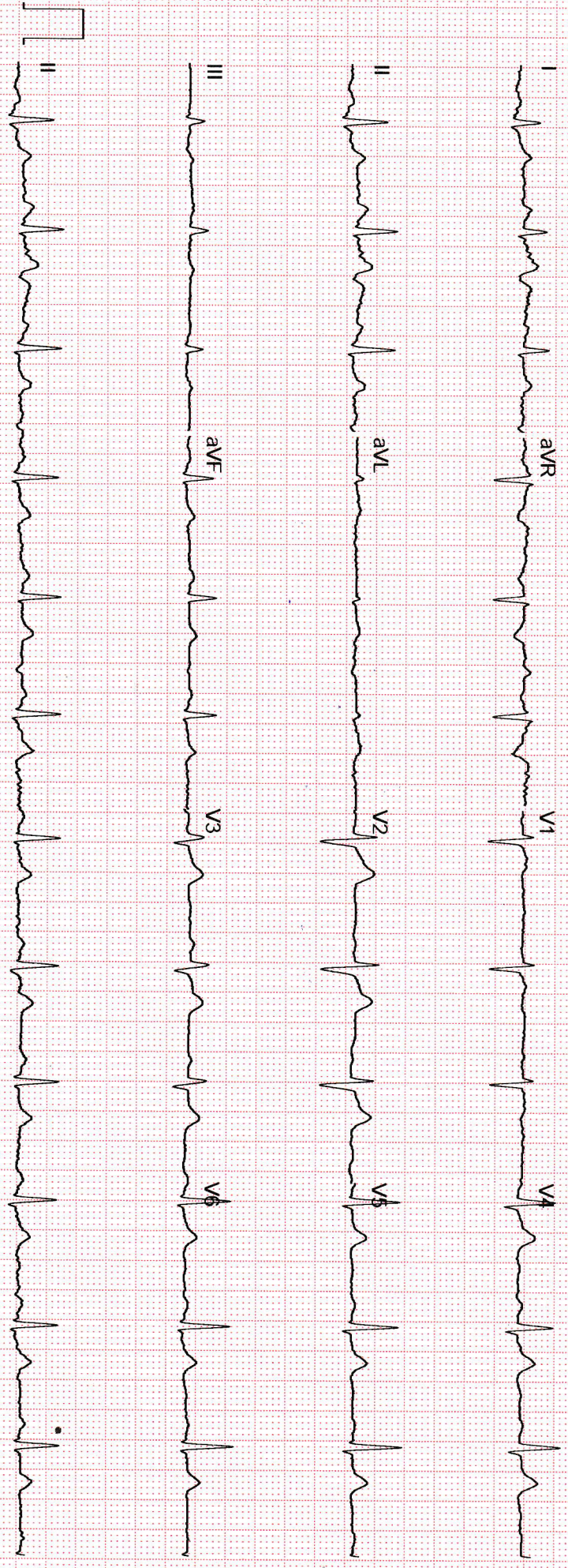
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CLUMAX DIAGNOSTICS  
VYALIKAVALL  
BANGALORE

QRS : 80 ms  
QT / QTcBaz : 360 / 399 ms  
PR : 148 ms  
P : 102 ms

RR / PP : 806 / 810 ms  
P / QRS / T : 57 / 52 / 38 degrees

Normal sinus rhythm  
Normal ECG

*Dr*



Unconfirmed

Name	MRS.DEEPA R	ID	MED122355419
Age & Gender	31Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (11.9 cm) 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 a mobile calculus measuring 9.3 mm. No pericholecystic fluid/wall thickening. CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

#### **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	11.3	1.6
Left Kidney	12.3	1.4

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

**UTERUS** is retroverted and shows heterogeneous echotexture.

Endometrial echo is of normal thickness - 7.3 mm.

Uterus measures LS: 5.3 cms      AP: 4.0 cms      TS: 4.6 cms.

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

Right ovary measures 2.6 x 2.1 x 2.3 cms, Vol - 7.0 cc

Left ovary measures 2.6 x 3.0 x 1.9 cms, Vol - 8.1 cc

POD & adnexa are free.

No evidence of ascites.

#### **IMPRESSION:**

- **Cholelithiasis. No IHBRD.**
- **Morphological features of polycystic ovaries - Suggested hormonal correlation.**

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**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**  
Hn/Mi

Name	MRS.DEEPAA R	ID	MED122355419
Age & Gender	31Y/FEMALE	Visit Date	23 Dec 2023
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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.29	cms.
LEFT ATRIUM	:	2.78	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.17	cms.
(SYSTOLE)	:	2.63	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.08	cms.
(SYSTOLE)	:	1.44	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.03	cms.
(SYSTOLE)	:	1.26	cms.
EDV	:	77	ml.
ESV	:	26	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	NO TR.
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.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**



Name	MRS.DEEPA R	ID	MED122355419
Age & Gender	31Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

Name	Mrs. DEEPA R	Customer ID	MED122355419
Age & Gender	31Y/F	Visit Date	Dec 23 2023 9:09AM
Ref Doctor	MediWheel		

### **X - RAY CHEST PA VIEW**

Patient rotation is noted.

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.Hemanandini**  
**Consultant Radiologist**