భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No. : 1055/55032/04727

06/10/2011

To
Uppara Mounika
ఉప్పర మౌనిక
D/O Uppara Sriramulu
6-1-952
kovur nagar
kovur nagar
Anantapur
Anantapur,Anantapur
Andhra Pradesh - 515001

UF286628232IN

28662823

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5419 3735 0238

ఆధార్ - సామాన్యుని హక్కు

✂- -

భారత ప్రభుత్వం
GOVERNMENT OF INDIA

ఉప్పర మౌనిక
Uppara Mounika

పుట్టిన సంవత్సరం/ Year of Birth: 1995
స్త్రీ / Female

5419 3735 0238

ఆధార్ - సామాన్యుని హక్కు

Name	:	**Ms. UPPARA MOUNIKA**			
PID No.	:	MED111017278	**Register On**	:	12/03/2022 9:35 AM
SID No.	:	922015905	**Collection On**	:	12/03/2022 10:19 AM
Age / Sex	:	26 Year(s) / Female	**Report On**	:	14/03/2022 1:42 PM
Type	:	OP	**Printed On**	:	16/03/2022 7:25 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*Spectrophotometry*)	14.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance*)	40.5	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation*)	4.59	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance*)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance*)	30.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance*)	34.5	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance*)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance*)	40.04	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation*)	5600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	43.0	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	41.7	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	**6.3**	%	01 - 06

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

The results pertain to sample tested.

PID No.	: MED111017278	
SID No.	: 922015905	
Age / Sex	: 26 Year(s) / Female	
Type	: OP	
Ref. Dr	: **MediWheel**	

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	8.7	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.3	%	00 - 02
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	2.41	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	2.34	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.35	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.49	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.02	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation*)	236	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance*)	9.3	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter*)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/*Modified Westergren*)	7	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*Diazotized Sulfanilic Acid*)	1.1	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.8	mg/dL	0.1 - 1.0
Total Protein (Serum/*Biuret*)	7.3	gm/dL	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.6	gm/dL	3.5 - 5.2
Globulin (Serum/*Derived*)	2.7	gm/dL	2.3 - 3.6
A : G Ratio (Serum/*Derived*)	1.7		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC Kinetic*)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic*)	22	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC Kinetic*)	63	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/*SZASZ standarised IFCC*)	22	U/L	< 38

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

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase*)	128	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol phosphate oxidase / peroxidase*)	92	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*)	**37**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	72.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/*Calculated*)	18.4	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	91.0	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	Observed Value	Unit	Biological Reference Interval
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*)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
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 (Whole Blood*)*	105.41	mg/dL

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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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*CMIA*)	1.32	ng/mL	0.7 - 2.04

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/*CMIA*)	9.39	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/*Chemiluminescent Microparticle Immunoassay(CMIA)*)	2.09	µIU/mL	0.35 - 5.50

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	10	mL	
CHEMICAL EXAMINATION(Automated-Urineanalyser)			
pH (Urine/*AUTOMATED URINANALYSER*)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/*AUTOMATED URINANALYSER*)	0.2		0.2 - 1.0
Blood (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Nitrite (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Bilirubin (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
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MD PATHOLOGY
KMC 88902

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Investigation	Observed Value	Unit	Biological Reference Interval
Leukocytes (Urine)	Negative	leuco/uL	Negative

MICROSCOPY(URINE DEPOSITS)

Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine/*Flow cytometry*)	3-4	/hpf	3-5
Epithelial Cells (Urine)	1-2	/hpf	1-2
RBCs (Urine/*Flow cytometry*)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/*Flow cytometry*)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	12.9		6 - 22
Glucose Fasting (FBS) (Plasma - F/*GOD - POD)*	90	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
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	89	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.

Glucose Postprandial - Urine (Urine - PP*)*	**Sample Not Given**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease-GLDH)*	9	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe Kinetic)*	0.7	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.

Uric Acid (Serum/*Uricase/Peroxidase)*	4.9	mg/dL	2.6 - 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING   'B' 'Positive'
(EDTA Blood/*Agglutination)*

Dr.Arjun C.P
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KMC 88902

APPROVED BY

-- End of Report --

TABULAR SUMMARY REPORT

MS.U.MOUNIKA
ID: MED   26years   Female

12-Mar-2022
13:45:25

Referred by: C/O. MEDIWHEEL
Test ind: IHD SCREENING

Total Exercise time:	8:00		25.0 mm/s
Max HR: 175bpm 90% of max predicted 194bpm			10.0 mm/mV
Max BP: 130/70.	Maximum workload: 10.1 METS		100hz
Reason for Termination: Patient fatigue			

Comments:
GOOD EFFORT TOLERANCE.NORMAL HR AND BP RESPONSE.
UPSLOPING ST DEPRESSION DURING EXERCISE & RECOVERY.
NO ANGINA/ARRHYTHMIAS.
MP:STRESS TEST IS BORDERLINE POSITIVE FOR INDUCIBLE ISCHEMIA
AT HIGH WORKLOAD. ## NEEDS CLINICAL CORRELATION ##
***   DR.SRIDHAR.L   MD.DM.FICC. CARDIOLOGIST ***

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	4:06	0.8	0.0	1.6	98	110/70	108
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	131	120/70	157
	STAGE 2	3:00	2.5	12.0	7.0	145	120/70	174
	STAGE 3	2:00	3.4	14.0	10.1	172	130/70	224
RECOVERY	Post	3:14	***	***	1.0	112	120/70	134
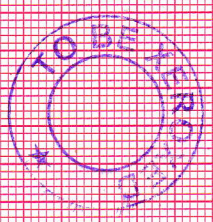
Technician: MANJU

CLUMAX DIAGNOSTICS

Unconfirmed

:2:

OVARIES are normal size, shape and echotexture
Ovaries measures as follows:
Right ovary: 3.1 x 1.8 cms.
Left ovary: 2.5 x 1.5 cms.

POD & adnexa are free.

No evidence of ascites.

Impression: **Essentially normal study.**

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND   DR. PRAJNA SHENOY   DR. MAHESH. M. S   DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P
Hbp/so

Name	MS.UPPARA MOUNIKA	ID	MED111017278
Age & Gender	26Y/FEMALE	Visit Date	12/03/2022
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	9.5	1.1
Left Kidney	9.6	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 – 4.2mms.
Uterus measures as follows:
LS: 6.8cms   AP: 3.2cms   TS: 4.5cms.

..2

Name	UPPARA MOUNIKA	Customer ID	MED111017278
Age & Gender	26Y/F	Visit Date	Mar 12 2022 9:33AM
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.**

Prajna

DR. H.K. ANAND   DR. POOJA B.P   DR. SHWETHA S   DR. PRAJNA SHENOY
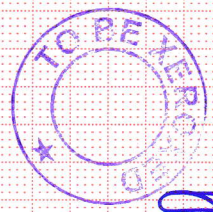
CONSULTANT RADIOLOGISTS

, MS.UPPARA.MOUNIKA
ID: 111011278

26 Years   Female

QRS :	78 ms
QT / QTcBaz :	408 / 427 ms
PR :	118 ms
P :	84 ms
RR / PP :	906 / 909 ms
P / QRS / T :	43 / 71 / 0 degrees

12.03.2022 11:19:21
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

Technician: BHAGYA
Ordering Ph:
Referring Ph: C/O MEDIWHEEL
Attending Ph:

Dr. SRIDHAR.L
MD (Med)
Interv...
...cardiol), FICC
K... Cardiologist
No. ...18

(handwritten: TO BE XEROXED stamp)

(handwritten notes: "No... Evaluation for further management)"

(handwritten: bpm, +70°, normal ECG)

I   aVR   V1   V4

II   aVL   V2   V5

III   aVF   V3   V6

II

II
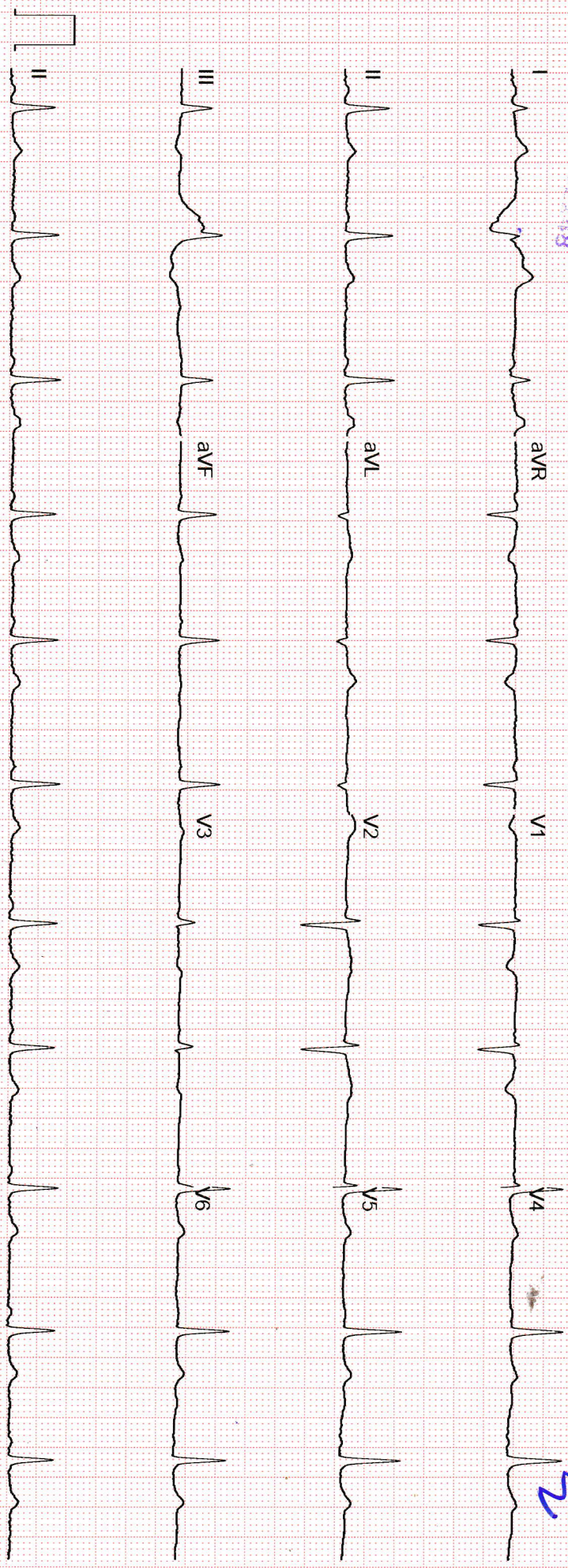
GE   MAC2000   1:1   12SL™ v241   25 mm/s   10 mm/mV   50 Hz   ADS   0.56-20 Hz   4x2.5x3_25_R1   Unconfirmed   1/1

Customer Name	U·Mounika	Customer ID	111017278
Age & Gender	26/F	Visit Date	12/3/2022

Eye Screening

✓

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N 6	N 6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: — Normal

Dr. RAVI V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11301