Name	RASHMI R NAYAK	ID	MED111408604
Age & Gender	31Year(s)/FEMALE	Visit Date	12/10/2022 12:00:00 AM
Ref Doctor Name	MediWheel	-	-

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 2.41 cms

LEFT ATRIUM : 3.18 cms

AVS : 1.32 cms

LEFT VENTRICLE (DIASTOLE) : 4.00 cms

(SYSTOLE) : 2.49 cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.78 cms

(SYSTOLE) : 1.27 cms

POSTERIOR WALL (DIASTOLE) : 0.73 cms

(SYSTOLE) : 1.02 cms

EDV : 70 ml

ESV : 22 ml

FRACTIONAL SHORTENING : 37 %

EJECTION FRACTION : 65 %

EPSS : cms

RVID : 1.02 cms

DOPPLER MEASUREMENTS

MITRAL VALVE : E' - 0.80 m/s A' - 0.45 m/s NO MR

AORTIC VALVE :1.04 m/s NO AR

TRICUSPID VALVE : E' - 0.68 m/s A' - m/s NO TR

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PULMONARY VALVE :0.84 m/s

NO PR

:2:

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 prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION:

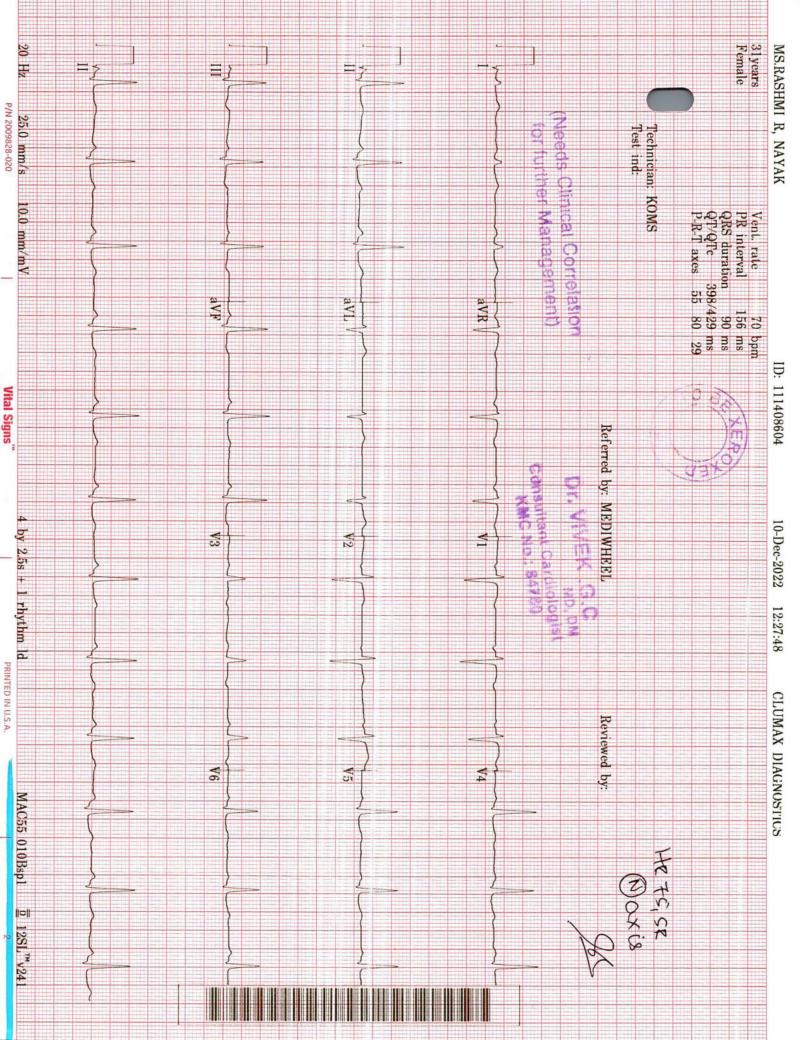
- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF: 65 %
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

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DR.VIVEK G C MD,DM. CONSULTANT

CARDIOLOGIST vk/ml



OPTICAL STORE

Unique Collection

Pn 9511444957

Vyalikavai Main road Nc 13 Luxshmi, vilaya, Ground Floor 2nd Main Road, vyalika al Bengaluru karnataka 560003

Name Rashm: Natale Age 32 | Female,

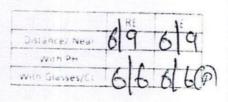
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CHIEF COMPLAINTS

RE / LE / BE

DOV BUT ING Tyeache / Burning

Visual Activity



Color Vision. BE - Normal

4485

Advise Constant user Near use Urstance or is

(Consultani Optometristi

Name	RASHMI R NAYAK	ID	MED111408604
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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	9.7	1.7
Left Kidney	9.7	1.7

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 - 6.0mms.

Uterus measures as follows:

LS: 7.4cms AP: 3.0cms TS: 4.1cms.

..2

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:2:

OVARIES are normal size, shape and echotexture Left ovary shows a follicle measuring 17 x 15mm. Ovaries measures as follows:

Right ovary: 3.0 x 1.4cms. Left ovary: 2.9 x 1.8cms

Minimal POD & adnexa are free.

No evidence of ascites.

Impression: No sonological abnormality detected

CONSULTANT RADIOLOGISTS:

DR. MAHESH. M. S Ms/pu DR. HIMA BINDU.P

Name	RASHMI R NAYAK	Customer ID	MED111408604
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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. MAHESH M S CONSULTANT RADIOLOGIST

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Investigation HAEMATOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.99	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.9	%	37 - 47
RBC Count (EDTA Blood)	4.40	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	90.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.49	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6260	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	49.55	%	40 - 75
Lymphocytes (EDTA Blood)	40.90	%	20 - 45
Eosinophils (EDTA Blood)	3.63	%	01 - 06
Monocytes (EDTA Blood)	5.80	%	01 - 10



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils	0.13	%	00 - 02
(EDTA Blood)			
INTERPRETATION: Tests done on Automated Five	Part cell counter. All	abnormal results are	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.10	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.56	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.23	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.36	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	236.2	10^3 / μl	150 - 450
MPV (EDTA Blood)	7.76	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	2	mm/hr	< 20



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Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.65	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.41	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	14.06	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	10.48	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	8.81	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i>)	62.8	U/L	42 - 98
Total Protein (Serum/Biuret)	7.04	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.19	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.85	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.47		1.1 - 2.2



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	208.17	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	69.47	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.

F			
HDL Cholesterol (Serum/Immunoinhibition)	57.21	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	137.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	13.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	151.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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

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)

3.6

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 1.2 Optimal: < 2.5 (TG/HDL) Mild to moderate risk: 2.5 - 5.0

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio 2.4 Optimal: 0.5 - 3.0 (Serum/Calculated) Borderline: 3.1 - 6.0

High Risk: > 6.0



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	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 111.15 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 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 HbAlC 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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<u>Investigation</u>	<u>Observed</u> <u>L</u>	<u>Jnit</u> <u>Biological</u>
-	Value	Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.745 ng/ml 0.7 - 2.04

(Serum/ECLIA)

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 $6.37 \, \mu g/dl$ 4.2 - 12.0

(Serum/ECLIA)

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) 4.41 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

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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InvestigationObservedUnitBiologicalValueReference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour Pale Yellow Yellow to Amber

(Urine)

Appearance Clear Clear

(Urine)

Volume(CLU) 25

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pH 6.0 4.5 - 8.0

(Urine)

Specific Gravity 1.004 1.002 - 1.035

(Urine)

Ketone Negative Negative

(Urine)

Urobilinogen Normal Normal

(Urine)

Blood Negative Negative

(Urine)

Nitrite Negative Negative

(Urine)

Bilirubin Negative Negative

(Urine)

Protein Negative Negative

(Urine)



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine) MICROSCOPIC EXAMINATION (URINE COMPLETE)	Positive(+)		Negative
Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	2-5	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
0.1	D D		

Others Bacteria Present

(Urine)

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

Casts NIL /hpf NIL

(Urine)

Crystals NIL /hpf NIL

(Urine)



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	10.55		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.70	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)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	82.32	mg/dL	70 - 140

(Plasma - PP/GOD-PAP)

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)	7.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.72	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 3.83 mg/dL 2.6 - 6.0 (Serum/Enzymatic)



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Investigation Observed Unit Biological Value Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'A' 'Positive'

(EDTA Blood/Agglutination)

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

: 12/12/2022 6:35 PM

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-- End of Report --