



CLIENT CODE: CA00010147 - MEDIWHEEL CLIENT'S NAME AND AND THE ST.

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI, SOUTH DELHI, DELHI, SOUTH DELHI 110030 **DELHI INDIA**



DDRC SRL DIAGNOSTICS LTD DDRC SRL TOWER, G-131, PANAMPILLY NAGAR, ERNAKULAM, 682036

KERALA, INDIA Tel: 93334 93334

Email: customercare.ddrc@agilus.in

PATIENT NAME: DINIMOL.K.D PATIENT ID: DINIF2406744126

ACCESSION NO: **4126WF008520** AGE: 49 Years SEX: Female ABHA NO:

RECEIVED: 24/06/2023 09:11 24/06/2023 17:24 DRAWN: REPORTED:

REFERRING DOCTOR: DR. BOB MEDIWHEEL CLIENT PATIENT ID:

Results **Biological Reference Interval Units Test Report Status Preliminary**

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO

* OPTHAL

8800465156

Test completed **OPTHAL**





Page 1 Of 8





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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO

BI OOD	URFA	NITROGEN	(BUN).	SFRUM

BLOOD LIREA NITROGEN	10	Adult(<60 vrs): 6 to 20	ma/dL

METHOD: UREASE - UV **BUN/CREAT RATIO**

BUN/CREAT RATIO 13.1

CREATININE, SERUM

18 - 60 yrs : 0.6 - 1.1 mg/dL **CREATININE** 0.76

METHOD: JAFFE KINETIC METHOD

GLUCOSE, POST-PRANDIAL, PLASMA

Diabetes Mellitus : > or = 200. mg/dL GLUCOSE, POST-PRANDIAL, PLASMA 101

Impaired Glucose tolerance/ Prediabetes: 140 - 199. Hypoglycemia: < 55.

METHOD: HEXOKINASE

GLUCOSE FASTING, FLUORIDE PLASMA

Diabetes Mellitus : > or = 126. mg/dL GLUCOSE, FASTING, PLASMA 107

Impaired fasting Glucose/ Prediabetes: 101 - 125. Hypoglycemia : < 55.

METHOD: HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

: 4.0 - 5.6%. % Normal GLYCOSYLATED HEMOGLOBIN (HBA1C) 6.2

Non-diabetic level : < 5.7%. Diabetic : >6.5%

Glycemic control goal

More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%.

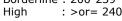
Glycemic targets in CKD :-If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 131.2 **High** < 116.0mg/dL

LIPID PROFILE, SERUM

201 Desirable : < 200 mg/dL **CHOLESTEROL**

Borderline: 200-239 : >or= 240











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METHOD : CHOD-POD			
TRIGLYCERIDES	82	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL METHOD: DIRECT ENZYME CLEARANCE	66	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	116	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	135	High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	16.4	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	3.1	Low 3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.8	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate R >6.0 High Risk	tisk
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL METHOD: DIAZO METHOD	0.57	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT METHOD: DIAZO METHOD	0.21	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.36	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.1	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.2	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.9	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.5	1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13	Adults: < 33	U/L





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ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD: IFCC WITHOUT PDP	13	Adults: < 34	U/L
ALKALINE PHOSPHATASE METHOD: IFCC	47	Adult (<60yrs): 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) TOTAL PROTEIN, SERUM	14	Adult (female) : < 40	U/L
TOTAL PROTEIN	7.1	Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8	g/dL
METHOD : BIURET			
URIC ACID METHOD: SPECTROPHOTOMETRY	4.0	Adults: 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP METHOD: GEL CARD METHOD	TYPE A		
RH TYPE	POSITIVE		
BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN METHOD: NON CYANMETHEMOGLOBIN	12.9	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT METHOD: IMPEDANCE	4.24	3.8 - 4.8	mil/μL
WHITE BLOOD CELL COUNT METHOD: IMPEDANCE	7.63	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD: IMPEDANCE	292	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT METHOD: CALCULATED	39.1	36 - 46	%
MEAN CORPUSCULAR VOL METHOD: DERIVED FROM IMPEDANCE MEASURE	92.2	83 - 101	fL
MEAN CORPUSCULAR HGB. METHOD: CALCULATED	30.3	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION METHOD: CALCULATED	32.9	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	15.3	12.0 - 18.0	%





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Test Report Status <u>Preliminary</u>	Results			Units
MENTZER INDEX	21.8			
MEAN PLATELET VOLUME METHOD: DERIVED FROM IMPEDANCE MEASURE	8.6		6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS METHOD: DHSS FLOWCYTOMETRY	52		40 - 80	%
LYMPHOCYTES METHOD: DHSS FLOWCYTOMETRY	37		20 - 40	%
MONOCYTES METHOD: DHSS FLOWCYTOMETRY	7		2 - 10	%
EOSINOPHILS METHOD: DHSS FLOWCYTOMETRY	4		1 - 6	%
BASOPHILS METHOD: IMPEDANCE	0		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD: CALCULATED	3.97		2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT METHOD: CALCULATED	2.82		1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT METHOD: CALCULATED	0.53		0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT METHOD: CALCULATED	0.31		0.02 - 0.50	thou/μL
ABSOLUTE BASOPHIL COUNT NEUTROPHIL LYMPHOCYTE RATIO (NLR) ERYTHROCYTE SEDIMENTATION RATE (ESR),W	0.00 1.4 /HOLE		0.00 - 0.10	thou/µL
SEDIMENTATION RATE (ESR) METHOD: WESTERGREN METHOD	11		0 - 20	mm at 1 hr
* SUGAR URINE - POST PRANDIAL				
SUGAR URINE - POST PRANDIAL THYROID PANEL, SERUM	NOT DETECTED		NOT DETECTED	
Т3	70.49	Low	Non-Pregnant Women 80.0 - 200.0	ng/dL

Pregnant Women

1st Trimester:105.0 - 230.0 2nd Trimester: 129.0 - 262.0 3rd Trimester:135.0 - 262.0

METHOD: ELECTROCHEMILUMINESCENCE









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T4 METHOD: ELECTROCHEMILUMINESCENCE	5.98	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	μg/dl
TSH 3RD GENERATION	2.310	Non-Pregnant: 0.4-4.2	μIU/mL
		Pregnant Trimester-wise: 1st: 0.1 - 2.5 2nd: 0.2 - 3 3rd: 0.3 - 3	

METHOD: ELECTROCHEMILUMINESCENCE

Comments

Kindly correlate clinically. Kindly contact lab within 24 hrs if clinically not correlated.

Repeat estimation recommended on fresh sample within 2 Days if clinically not correlated.

PHYSICAL EXAMINATION, URINE

COLOR APPEARANCE CHEMICAL EXAMINATION, URINE	PALE YELLOW CLEAR		
	ГО	4.8 - 7.4	
PH	5.0		
SPECIFIC GRAVITY	1.015	1.015 - 1.030	
PROTEIN	DETECTED (TRACE)	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE	DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	DETECTED (LARGE NOS.)	NOT DETECTED	/HPF
WBC	5-7	0-5	/HPF
EPITHELIAL CELLS	2-3	0-5	/HPF
CASTS	NOT DETECTED		









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CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	
CYTOLOGY - CS (PAP SMEAR)	RESULT PENDING		
* SUGAR URINE - FASTING			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	









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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO

* ECG WITH REPORT

REPORT

TEST COMPLETED

* 2D - ECHO WITH COLOR DOPPLER

REPORT

TEST COMPLETED

* USG ABDOMEN AND PELVIS

REPORT

TEST COMPLETED

* CHEST X-RAY WITH REPORT

REPORT

TEST COMPLETED

* MAMMOGRAPHY -BOTH

REPORT

TEST COMPLETED

End Of Report

Please visit www.ddrcsrl.com for related Test Information for this accession TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

DR.HARI SHANKAR, MBBS MD (Reg No - TCMC:62092)

HEAD - Biochemistry & Immunology DR.SMITHA PAULSON,MD (PATH),DPB (Reg No - TCMC:35960) LAB DIRECTOR & HEAD-HISTOPATHOLOGY & CYTOLOGY DR.NISHA G,MBBS MD(PATH), (Reg No - TCMC:45399) CONSULTANT PATHOLOGIST









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E.C. No : 76261

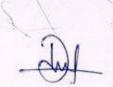
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नारीकता प्राप्यकारो इ.स.प्र. म. ना. करल Issuing Authority DGM, RO KERALA





धारक के हस्ताक्षर







Mrs. Dinimal K.D 49 yrs/Female BOB. Medhwheel

Derstal checkup, Papsmear test and Stool test not done

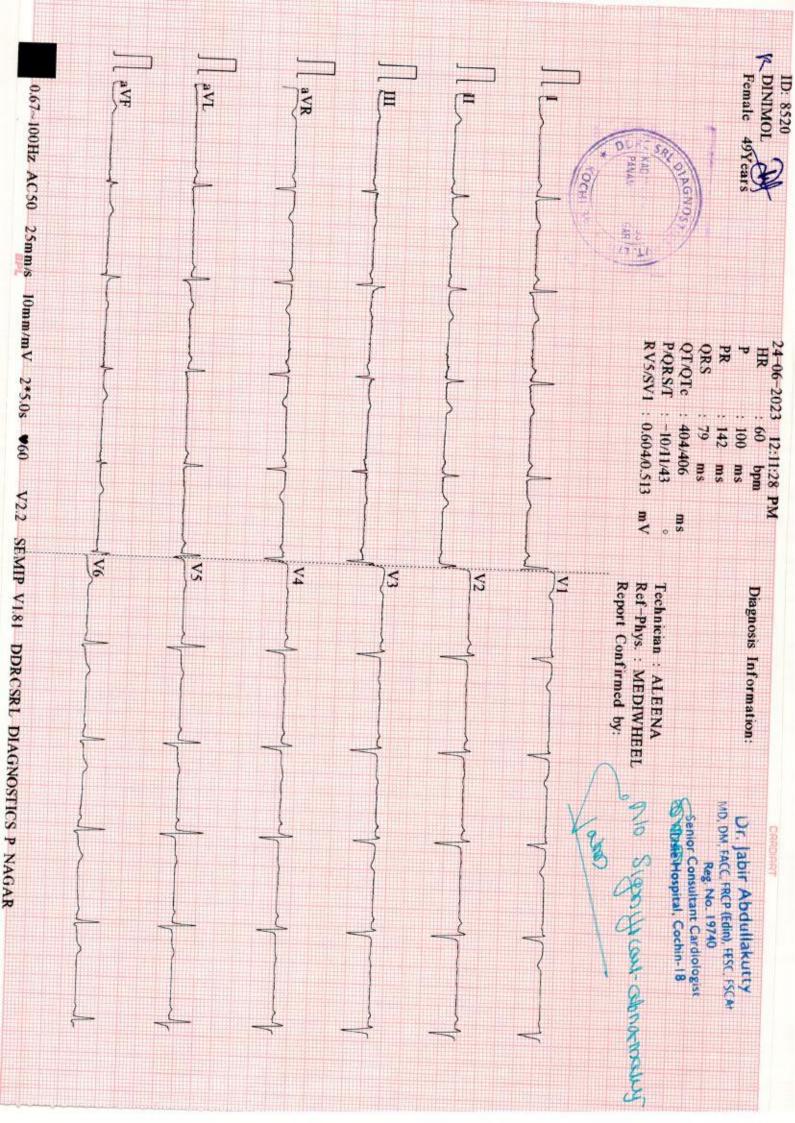




OPHTHALMOLOGY REPORT

This is to cer	tify that I have exan	nined
		Aged49.and his / her
	rds is as follows :	
Visual Acuity:		
	R: 6/12	.6/6
For far vision	L: 6/12	Trg < 6/6
	R: N12	otia Sarv
For near vision	R:	289 < N6
	L: N12	0 N16
Color Vision :	Normal ('BE)

	DIAGNOSTICS	And
	WADAVIL BILLIANS	CIYA MARY P ROCKY
	* Kocu136	(Optometrist)





NAME: MRS DINIMOL K D AGE / SEX : 49 YRS / F	STUDY DATE:24.06.2023
REFERRED BY: MEDIWHEEL	REPORTING DATE :24.06.2023
LEDIWIEEL	ACC NO: 4126WF008520

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio thoracic ratio is normal.
- ➢ Bilateral CP angles and domes of diaphragm appear normal.

IMPRESSION: Normal study.

Kindly correlate clinically

Dr. NAVNEET KAUR, MBBS,MD Consultant Radiologist.





NAME MRS DINIMOL K D			
	MAS DIVINOL KD	AGE	49 YRS
SEX	FEMALE	The second secon	
	PEMALE	DATE	June 24, 2023
REFERRAL	MEDIWHEEL		#COOK CONTRACTOR WAR
	MEDIWILEEL	ACC NO	4126WF008520

USG ABDOMEN AND PELVIS

LIVER

Measures ~ 12.5 cm. Bright echotexture.

Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber .

GB

Partially contracted.

SPLEEN

Measures ~ 10 cm, normal to visualized extent. Splenic vein normal.

PANCREAS

Normal to visualized extent. PD is not dilated.

KIDNEYS

RK: 10.7 x 3.5 cm, appears normal in size and echotexture. LK: 9.6 x 4.6 cm, appears normal in size and echotexture.

No focal lesion / calculus within.

Maintained corticomedullary differentiation and normal parenchymal thickness.

No hydroureteronephrosis.

BLADDER

Normal wall caliber, no internal echoes/calculus within.

UTERUS

Anteverted, normal in size [7.4 x 5 x 6.1 cm] and echopattern.

No focal lesion seen.

ET - 3.9 mm.

OVARIES

RT OV: $3.4 \times 1.4 \times 2$ cm [volume ~ 5.2 cc]. LT OV: $2.7 \times 0.9 \times 2.4$ cm [volume ~ 3.3 cc].

NODES/FLUID

Nil to visualized extent.

BOWEL

Visualized bowel loops appear normal.

IMPRESSION

4 Grade I fatty liver.

Kindly correlate clinically.

Dr. NAVNEET KAUR MBBS . MD Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.

NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical Review scan is advised, If this ultrasound opinion and other clinical findings / reports don't correlate.

CIN: U85190MH2006PTC161480

and street investigation findings











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, or



Name: Dinimol K D

49F

Date: 24/06/2023

Ref: Mediwheel

Accession No:4126WF008520

ECHOCARDIOGRAPHY REPORT

Cardiac ultrasound examination was done using Acuson Juniper machine with 5P1 transducer. Imaging and Doppler studies including Colour Flow Mapping (CFM) were performed (images and measurements attached) Relevant observations are noted as follows:

- Normal LV size and contractility (EF:69%)
- No regional wall motion abnormalities
- Trivial MR.
- > IAS/IVS intact, No intracardiac clots
- No pericardial effusion

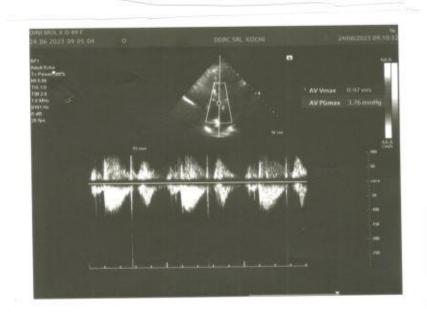
Dr. JABIR ABDULLAKUTTY(Cardiologist) MD, DM, FESC, FACC, FSCAI.

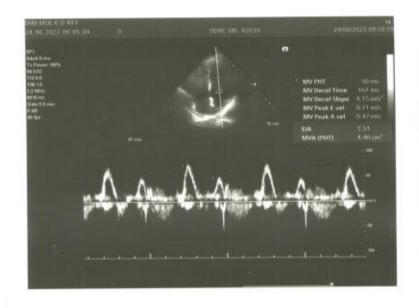
Jabir Abdullakutty C. FRCP Edin, FESC, FSCA

Ultrasound reports are not 100% pecific and can vary significantly depending on the clinical conditions. The report has to be correlated clinically and is not for medico-local purposes.

Senior sie Hospitale Your feedback is appreciated.

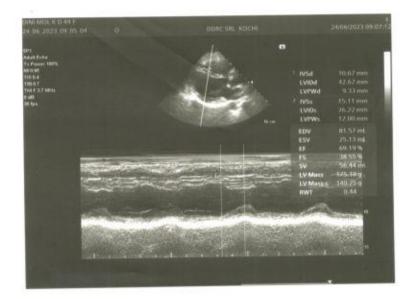






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NAME	MRS DINIMOL K D	AGE	49 YRS
SEX	FEMALE	DATE	June 24, 2023
REFERRAL	MEDIWHEEL	ACC NO	4126WF008520

MAMMOGRAPHY

Technique: Bilateral MLO and CC views Clinical details: Screening mammography.

Findings:

Both breasts show ACR type C morphology.

- Few specks of calcification of benign morphology are seen in right breast with no associated mass lesion/architectural distortion.
- Breast parenchymal architecture is preserved.
- The skin, nipple-areola complex and retro-areolar zone are normal.
- The retro-mammary clear zone and underlying pectoralis muscle appear normal

ULTRASOUND SCREENING:

RIGHT BREAST

- Prominent echogenic fibroglandular parenchyma is seen with few cysts, largest measuring 5 x 3 mm at 10 o' clock location about 2 cm away from the nipple.
- Prominence of retroareolar ducts is noted (3.1 mm)
- Nipple & areola normal.
- No evidence of axillary lymphadenopathy

LEFT BREAST

- Prominent echogenic fibroglandular parenchyma is seen with few cysts, largest measuring 4.7 x 4.3 mm at 2 o' clock location about 1 cm away from the nipple.
- A cyst with internal echoes measuring 6.3 x 4.3 mm is seen at 6 o' clock location about 1 cm away from the nipple.
- Prominence of retroareolar ducts is noted (2.8 mm)
- Nipple & areola normal.
- · No evidence of axillary lymphadenopathy

IMPRESSION:

- Mild bilateral ductal prominence (BIRADS II).
- Calcifications of benign morphology in right breast (BIRADS II).
- Mildly complex left breast cyst with internal echoes (BIRADS III).

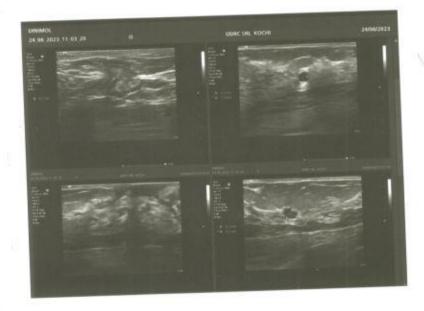
Dr. NAVNEET KAUR MBBS . MD Consultant Radiologist

ACR BIRADS Category

0	More information is needed to give a final mammogram report
1	Your mammogram is normal.
H	Your mammogram shows only minor abnormalities that are not suspicious for cancer. No additional testing is needed.
Ш	Your mammogram shows minor abnormalities that are probably benign. The radiologist may recommend follow-up testing to make sure the suspicious area has not changed.
IV	Your mammogram shows a suspicious change, and a biopsy should probably be performed.
V	Your mammogram shows a worrisome change. A biopsy is strongly recommended.
VI	Known biopsy - proven malignancy; Surgical excision when clinically appropriate.

For Emergency Call: 9496005127. Thanks for referral. Your feedback will be appreciated. (Please bring relevant investigation reports during all visits)





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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.

 Name of the examinee 	 Mr./Mrs./Ms. Dinimol. K-D
2. Mark of Identification	(Mole/Scar/any other (specify location)):
Age/Date of Birth	49 .15-05-1974 Gender: F/M
Photo ID Checked	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height (cms)	b. Weight7.5 (Kgs)	c. Girth of Abdomen	
d. Pulse Rate	e. Blood Pressure:	Systolic	Diastolic
All a	1st Reading	110	70
	2 nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause	
Father			62 Respiralory Jachere	
Mother *	70	food heall		
Brother(s)				
Sister(s)	40, 95	4 60		

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
evil.	20.0	21.0

Y/N

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.
- b. Have you undergone/been advised any surgical procedure?
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital?
- d. Have you lost or gained weight in past 12 months?

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System?
 Any disorders of Respiratory system?
 Any Cardiac or Circulatory Disorders?
- Enlarged glands or any form of Cancer/Tumour?
 Any Musculoskeletal disorder?

 Y/N
- Any disorder of Gastrointestinal System?
- Unexplained recurrent or persistent fever, and/or weight loss

 ¥/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports
- Are you presently taking medication of any kind?

YVN

DDRC SRL Diagnostics 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

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•	Any	disorders	of	Urinary	System?
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YN

· Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

FOR FEMALE CANDIDATES ONLY

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

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

abortion or MTP e. For Parous Women, were there any complication

d. Do you have any history of miscarriage/

c. Do you suspect any disease of Uterus, Cervix or

during pregnancy such as gestational diabetes, hypertension etc

Y/N

Ovaries?

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

X/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? YN

➤ Are there any points on which you suggest further information be obtained?

XIN

Based on your clinical impression, please provide your suggestions and recommendations below;

Do you think he/she is MEDICALLY FIT or UNFIT for employment.

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. C. SAGAR Reg No. 10159

Name & Seal of DDRC SRL Branch

Seal of Medical Examiner

Consultant Executive Medical Check Up DDRC SRL Diagnostics Pvt

Date & Time

AD MILE BUILDING ANAMPILL . TAGAR

DDRC SRL Diagnostics

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