

Name	Mrs. PRANA ATHUL	Age/Sex	24Y/Female
Ref from:	MEDIWHEEL	Date	27.08.2022

ULTRASOUND SCAN OF ABDOMEN AND PELVIS**(With relevant image copies)**

LIVER: Normal in size and echotexture. No e/o focal parenchymal lesions / IHBD. PV, HV & IVC are within normal limits.

GB: Normally distended, shows normal wall thickness. No e/o calculi/polyps/ pericholecystic collections.

CBD: Normal.

PANCREAS: Head and body visualized and are of normal size and echotexture. No e/o focal/diffuse parenchymal lesions/ductal dilatation/calculi. Tail cannot be visualized due to poor window.

SPLEEN: Normal in size and echotexture. Splenic vein shows normal diameter.

KIDNEY'S: Both kidneys are normal in size and echotexture. No e/o calculi/ hydronephrosis/ focal lesions/ perinephric collections.

RIGHT KIDNEY: Measures 100 x 39 mms

LEFT KIDNEY: Measures 105 x 44 mms

UB: Well distended, shows normal wall thickness. No e/o calculi/growth/diverticulae. Both UV junctions are within normal limits.

UTERUS: AV, measures 70 x 36 x 42 mms. Normal in size and echotexture.

EMT: 7 mm, normal.

OVARIES: Both ovaries are normal in size and echotexture.

RIGHT OVARY: measures 34 x 18 mms

LEFT OVARY: measures 30 x 16 mms

POD: No free fluid.

No e/o intraperitoneal free fluid/ abdominal lymphadenopathy/ mass lesion.

IMPRESSION

- **NO SONOLOGICALLY DETECTED ABNORMALITY IN THE ABDOMEN AND PELVIS.**



Dr. P. NIYAZI NASIR
MBBS, DMRD

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR



Patient Ref. No. 666000001356014

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : PRANA ATHUL

PATIENT ID : **PRANF2708984053**

ACCESSION NO : **4053VH002527** AGE : 24 Years SEX : Female

DRAWN : RECEIVED : 27/08/2022 11:31 REPORTED : 28/08/2022 12:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

TREADMILL TEST

TREADMILL TEST COMPLETED

OPHTHAL

OPHTHAL COMPLETED



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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 13 6 - 20 mg/dL

BUN/CREAT RATIO

BUN/CREAT RATIO 18.5 High 5.00 - 15.00

CREATININE, SERUM

CREATININE 0.70 0.60 - 1.1 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 107 Diabetes Mellitus : > or = 200 mg/dL. Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA 80 Diabetes Mellitus : > or = 126 mg/dL mg/dL. Impaired fasting Glucose/ Prediabetes : 101 to 125 mg/dL. Hypoglycemia : < 55 mg/dL.

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 4.6 Normal : 4.0 - 5.6 %. Non-diabetic level : < 5.7%. 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%.

CORONARY RISK PROFILE (LIPID PROFILE), SERUM

CHOLESTEROL 161 < 200 Desirable 200 - 239 Borderline High >/= 240 High mg/dL

TRIGLYCERIDES 64 Normal : < 150 mg/dL High : 150-199 Hypertriglyceridemia : 200-499 Very High: > 499

HDL CHOLESTEROL 45 40 - 60 mg/dL

DIRECT LDL CHOLESTEROL 105 High < 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High mg/dL



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Table with 4 columns: Test Report Status, Results, Units, and Reference Ranges. Rows include cholesterol levels, liver function tests, protein levels, uric acid, and blood counts.



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PLATELET COUNT		364	150 - 410 thou/ μ L
RBC AND PLATELET INDICES			
HEMATOCRIT		41.6	36 - 46 %
MEAN CORPUSCULAR VOL		93.1	83 - 101 fL
MEAN CORPUSCULAR HGB.		30.8	27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.1	31.5 - 34.5 g/dL
MEAN PLATELET VOLUME		8.1	6.8 - 10.9 fL
WBC DIFFERENTIAL COUNT - NLR			
SEGMENTED NEUTROPHILS		65	40 - 80 %
ABSOLUTE NEUTROPHIL COUNT		6.55	thou/ μ L
LYMPHOCYTES		25	20 - 40 %
ABSOLUTE LYMPHOCYTE COUNT		2.52	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.6	
EOSINOPHILS		7	High 1 - 6 %
ABSOLUTE EOSINOPHIL COUNT		0.71	thou/ μ L
MONOCYTES		2	2 - 10 %
ABSOLUTE MONOCYTE COUNT		0.20	thou/ μ L
BASOPHILS		1	0 - 1 %
ERYTHRO SEDIMENTATION RATE, BLOOD			
SEDIMENTATION RATE (ESR)		15	0 - 20 mm at 1 hr
STOOL: OVA & PARASITE			
COLOUR		YELLOW	
CONSISTENCY		SEMI LIQUID	
ODOUR		FAECAL	
MUCUS		NOT DETECTED	NOT DETECTED
POLYMORPHONUCLEAR LEUKOCYTES		2-3	0 - 5 /HPF
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED /HPF
OVA		NOT DETECTED	
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
URINALYSIS			
COLOR		PALE YELLOW	
APPEARANCE		SLIGHTLY HAZY	





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Interpretation(s)

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease
SIADH.

CREATININE, SERUM-

Higher than normal level may be due to:

- Blockage in the urinary tract
Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
Loss of body fluid (dehydration)
Muscle problems, such as breakdown of muscle fibers
Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis



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Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.
GLUCOSE, FASTING, PLASMA-
ADA 2012 guidelines for adults as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-
Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.
Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycosylated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycosylated hemoglobin values due to a somewhat longer life span of the red cells.
Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycosylated serum protein (fructosamine) should be considered.
"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

- 1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
2. Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
CORONARY RISK PROFILE (LIPID PROFILE), SERUM-
Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

TOTAL PROTEIN, SERUM-

Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström's disease



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 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS
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Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-
 Causes of Increased levels
 Dietary
 • High Protein Intake.
 • Prolonged Fasting,
 • Rapid weight loss.
 Gout
 Lesch nyhan syndrome.
 Type 2 DM.
 Metabolic syndrome.

Causes of decreased levels
 • Low Zinc Intake
 • OCP's
 • Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
 • Drink plenty of fluids
 • Limit animal proteins
 • High Fibre foods
 • Vit C Intake
 • Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

WBC DIFFERENTIAL COUNT - NLR-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
 This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Reference :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.



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pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

THYROID PANEL, SERUM-

Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
Pregnancy			
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition





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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

ECG WITH REPORT

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

JINSHA KRISHNAN
LAB TECHNICIAN

JINISHA M
LAB TECHNICIAN

NIMISHA K
LAB TECHNICIAN

JANCY T P
LAB TECHNICIAN



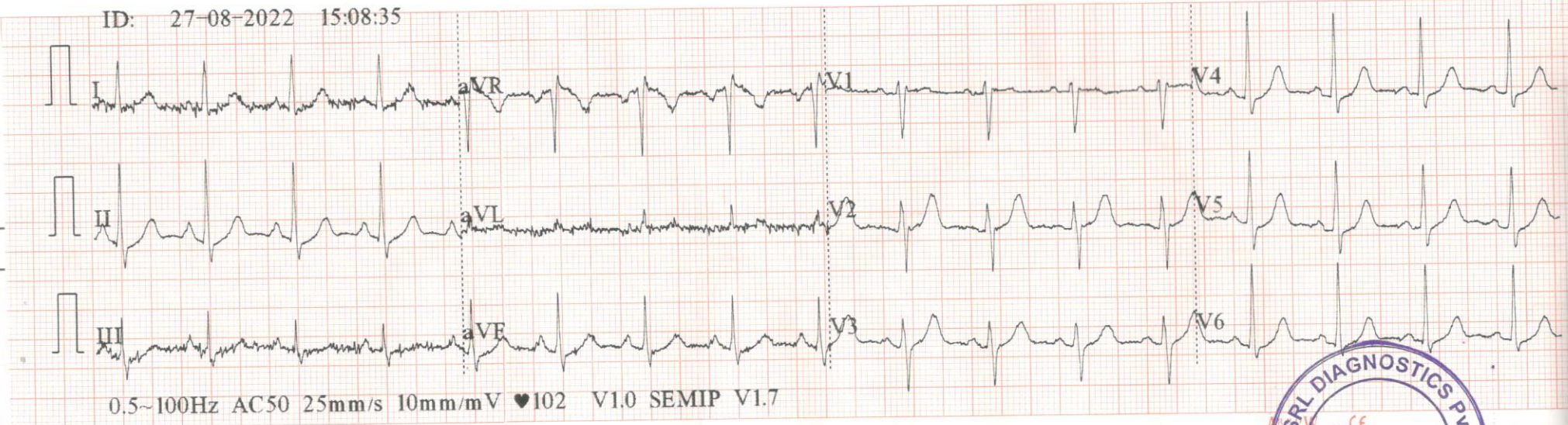
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Standard	L I	L II	L III	L III Inspiration
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ID: 27-08-2022 15:08:35



0.5~100Hz AC50 25mm/s 10mm/mV ♥102 V1.0 SEMIP V1.7



L III

L III Inspiration

V1



ID:
 PRANA
 Female
 24Years
 cm

mmHg
 kg

Normal ECG
 Sinus tachycardia

HR : 101 bpm
 P : 96 ms
 PR : 137 ms
 QRS : 82 ms
 QT/QTc : 319/414 ms
 P/QRS/T : 68/26/46 °
 RV5/SVI : 1.128/0.728 mV

Dr. MOUSARATHI S, MBBS, MD, DNB
 Regd. No: 41964
 DDRC SRI, KANNUR



2 V1.0 SEMIP V1.7



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.

1. Name of the examinee	: Mr./Mrs./Ms. PRANA PRAKASH
2. Mark of Identification	: (Mole/Scar/any other (specify location)): mole in forehead
3. Age/Date of Birth	: 24 yrs 17-10-1997 Gender: <input checked="" type="radio"/> F <input type="radio"/> M
4. Photo ID Checked	: (Passport/Election Card/PAN Card/Driving Licence/Company ID) Aadhar

PHYSICAL DETAILS:

a. Height164..... (cms)	b. Weight64..... (Kgs)	c. Girth of Abdomen76..... (cms)
d. Pulse Rate (/Min)	e. Blood Pressure:	Systolic 110 Diastolic 70
	1 st Reading	110 70
	2 nd Reading	110 70

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	55 yrs		Liver Cirrhosis
Mother	53 yrs	Healthy diabetic	
Brother(s)			
Sister(s) (1)	26 yrs	Healthy	

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

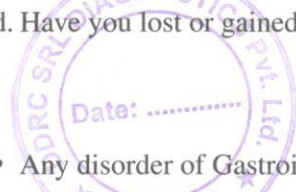
Tobacco in any form	Sedative	Alcohol
No	No	No

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

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y N
- Any disorders of Respiratory system? Y N
- Any Cardiac or Circulatory Disorders? Y N
- Enlarged glands or any form of Cancer/Tumour? Y N
- Any Musculoskeletal disorder? Y N
- Any disorder of Gastrointestinal System? Y N
- Unexplained recurrent or persistent fever, and/or weight loss Y N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y N
- Are you presently taking medication of any kind? Y N



DDRC SRL Diagnostics Private 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

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

• Any disorders of Urinary System?

Y/N

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

Y/N

FOR FEMALE CANDIDATES ONLY

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

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

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

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

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

Y/N

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

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

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

medically fit

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 Indusarath S

Dr. INDUSARATH.S, MBBS, MD, DNB
Regd. No: 41964
DDRC SRL, KANNUR

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

Date & Time :

01.08.22



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भारत सरकार
Government of India

Issue Date: 15/04/2013



Prana Athul
Date of Birth/DOB: 17/10/1997
Female/ FEMALE

6976 3423 5803
VID : 9171 7531 0515 2733
मेरा आधार, मेरी पहचान

7016260166



Prana Athul

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Download Date: 10/11/2021

Address:
C/O: Athul Pramod, KIZHAKKEDATH HOUSE,
NEAR ONDEN PARAMBA, Chovva, Kannur,
Kerala - 670006



6976 3423 5803
VID : 9171 7531 0515 2733

1947 | help@uidai.gov.in | www.uidai.gov.in



OPHTHALMOLOGY REPORT

TO WHOM-SO-EVER IT MAY CONCERN

This is to certify that I have examined Miss. PRANA ATHUL, 24 years Female on 27.08.2022 and her visual standards are as follows:

	OD	OS
UNCORRECTED DISTANCE VISUAL ACUITY	6/9	6/6
UNCORRECTED NEAR VISUAL ACUITY	N6	N6
BEST CORRECTED VISUAL ACUITY	6/6	6/6
COLOUR VISION	NORMAL	NORMAL

NOTE: HISTORY OF SPECS SINCE 3 YEARS, NOT CHANGED YET (PG NOT BROUGHT, PG NOT USING PROPERLY)
NO RELEVANT MEDICAL HISTORY

VIMEGA .V
OPTOMETRIST



DATE: 27.08.2022

R

PRANA ATHUL 24Y/F MEDIWHEEL ARCOFEMI CHEST ,P-A 27-Aug-22 03:11 PM
DDRC SRL KANNUR

Name	Mrs. PRANA ATHUL	Age/Sex	24Y/Female
Ref from:	MEDI WHEEL	Date	27.08.2022

Thanks for referral

CHEST X-RAY – PA VIEW

Trachea is central. Carina and principal bronchi are normal.

Cardio-thoracic ratio is within normal limits.

Both lungs show normal Broncho-vascular markings. No definite focal opacities noted.

No volume loss in either hemithorax.

No definite mediastinal widening or other abnormalities noted.

CP angles, diaphragm, bony cage and soft tissue shadows - not remarkable.

IMPRESSION:

- Normal X-ray chest



**DR. P. NIYAZI NASIR,
MBBS, DMRD**

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST,
DDRC SRL DIAGNOSTIC (P), LTD.
KANNUR