: Mrs. RASHMI BILKI

PID No.

: MED120605124

SID No.

: 522162116

Register On

: 25/12/2021 8:41 AM

Collection On : 25/12/2021 10:28 AM

Age / Sex : 42 Year(s) / Female

Report On

: 26/12/2021 11:34 AM

: OP **Type**

Printed On

: 29/12/2021 5:13 PM

Ref. Dr

: MediWheel

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	14.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	44.0	%	37 - 47
RBC Count (EDTA Blood Impedance Variation)	4.79	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood Derived from Impedance)	92.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.1	g/dL	32 - 36
RDW-CV (Derived from Impedance)	13.7	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	44.11	fL ·	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6700	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	57.8	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	32.6	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	2.4	%	01 - 06



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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.6	%	02 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.6	%.	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.87	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.18	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.16	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.44	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	229	10^3 / μ1	150 - 450
MPV (Blood/Derived from Impedance)	11.4	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Modified Westergren)	7	mm/hr	0 - 20



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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.6	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	3.5	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.1	g/dL	2.3 - 3.5
A: G Ratio (Serum/Derived)	1.1		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	20	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	111	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	19	U/L	< 38



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Investigation Lipid Profile	Observed Value	<u>Unit</u>	Biological Reference Interval
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	191	mg/dL _.	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	110	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.

part of the day.			
HDL Cholesterol (Serum/Immunoinhibition)	48	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	121	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	143.0	mg/dL	Optimal: <130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



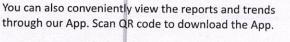
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Biological Unit Observed Reference Interval Value

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)

Investigation

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)

2.3

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio

(Serum/Calculated)

2.5

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0

High Risk: > 6.0

ONSULTANT PATHOLOGIST KMC NO:110691

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Investigation

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Observed Value

Unit

Biological Reference Interval

Glycosylated Haemoglobin (HbA1c)

HbA1C

(Whole Blood/HPLC)

6.2

%

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 % and the state of the state

Estimated Average Glucose

(Whole Blood)

131.24

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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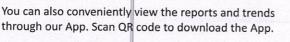
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Investigation

: MediWheel

Biological Observed Unit Reference Interval **Value**

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total

0.95

ng/mL

0.7 - 2.04

(Serum/CMIA)

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

10.65

μg/dL

4.2 - 12.0

(Serum/CMIA)

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)

3.85

µIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Microparticle

Immunoassay(CMIA))

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

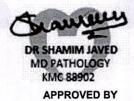
(Indian Thyroid Society Guidelines)

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



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Investigation

Biological

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour

(Urine)

Volume

(Urine)

Appearance (Urine)

CHEMICAL EXAMINATION

pH (Urine)

Specific Gravity (Urine) Protein

(Urine) Glucose (Urine)

Ketones (Urine)

Leukocytes (Urine)

Nitrite (Urine) Bilirubin

(Urine)

CONSULTANT PATHOLOGIST KMC NO:110691

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Observed **Value**

Unit

Reference Interval

Pale Yellow

25

Slightly Turbid

5.0

1.020

Negative

Negative

Negative

Trace

Negative

Negative

mL

Clear

4.6 - 8.0

1.003 - 1.030

Negative

Negative

Negative

Negative

Negative

Negative



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Investigation	Observed Unit Value	<u>Biological</u> <u>Reference Interval</u>
Blood (Urine)	Negative	Negative
Urobilinogen (Urine)	0.2	0.1 - 1.0
Urine Microscopy Pictures		
Pus Cells (Urine)	4-5 /hpf	0 - 2
Epithelial Cells (Urine)	10-15 /hpf	0 - 2
RBCs (Urine)	2-3 /hpf	0 - 1
Others (Urine)	Nil	Nil



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experts who care

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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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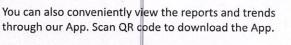
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Unit Biological Reference Interval

BIOCHEMISTRY

BUN / Creatinine Ratio

Observed

Value

6 - 22

Glucose Fasting (FBS) (Plasma - F/GOD - POD)

104

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.

Urine Glucose - Fasting

Negative

Negative

(Urine - F)

Glucose Postprandial (PPBS)

129

mg/dL

70 - 140

(Plasma - PP/GOD - POD) 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.

Blood Urea Nitrogen (BUN)

mg/dL

7.0 - 21

(Serum/Urease-GLDH)

(Serum/Jaffe Kinetic)

0.9

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

Uric Acid

Creatinine

(Serum/Uricase/Peroxidase)

5.1

mg/dL

2.6 - 6.0



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Age & Gender	42Y/FEMALE	Visit Date	25/12/2021
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA : 2.63 cms.

LEFT ATRIUM : 3.12 cms.

AVS : 1.45 cms.

LEFT VENTRICLE

(DIASTOLE) : 4.22 cms. (SYSTOLE) : 3.12 cms.

VENTRICULAR SEPTUM

(DIASTOLE) : 1.10 cms. (SYSTOLE) : 1.34 cms.

POSTERIOR WALL

(DIASTOLE) : 1.10 cms. (SYSTOLE) : 1.16 cms.

EDV : 79 ml.

ESV : 38 ml.

FRACTIONAL SHORTENING : 30 %

EJECTION FRACTION : 60 %

EPSS : --- cms.

RVID : 1.85 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: $E - 0.7 \,\text{m/s}$ $A - 0.6 \,\text{m/s}$ 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: 0.6 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

- 10 - 1 - 1

Aortic Valve

Normal. No mitral valve prolapsed.

Normal.Trileaflet.

Tricuspid Valve

Normal.

Pulmonary Valve

i difficilary varve

Normal.

IAS

Intact.

IVS

Intact.

Pericardium

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. ANAND KUMAR M MD DM CONSULTANT INTERVENTIONAL CARDIOLOGIST

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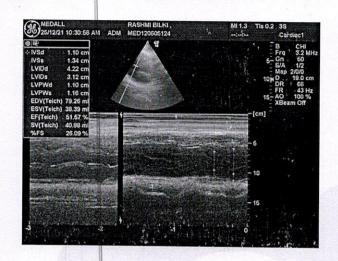


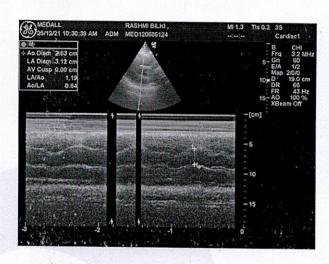


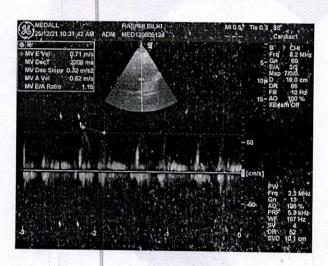


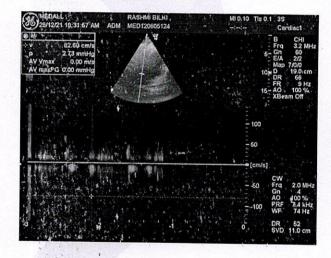
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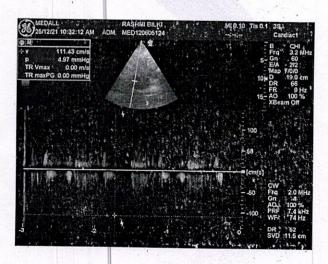
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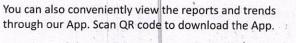
















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BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

No evidence of axillary lymphadenopathy on both sides.

IMPRESSION:

· No significant abnormality detected.

ASSESSMENT: BI-RADS CATEGORY -1

BI-RADS CLASSIFICATION

CATEGORY

RESULT

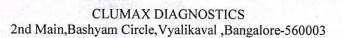
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Negative.

DR. H.K. ANAND DR. C.R RAMACHANDRA DR. LOHITH H.P DR. VARSHA KALE
CONSULTANT RADIOLOGISTS

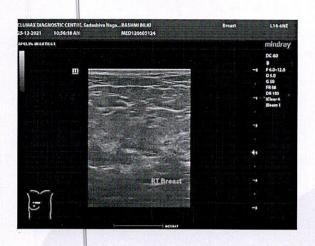
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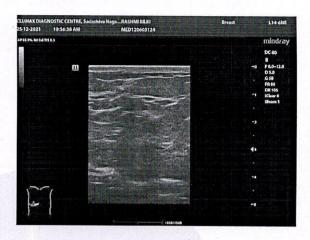




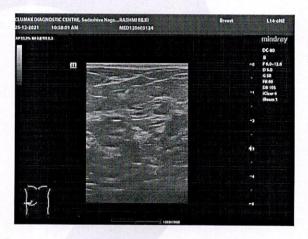


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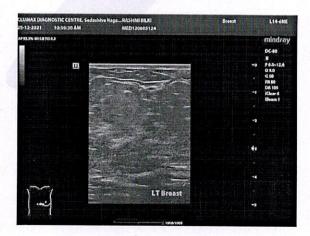












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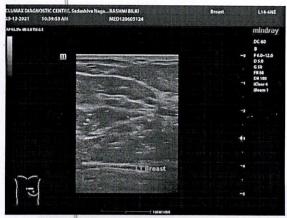


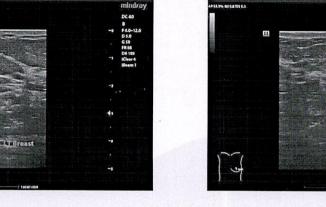
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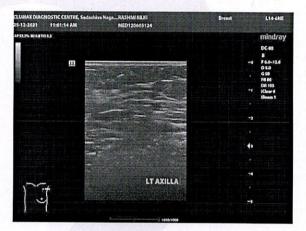
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Age & Gender	42Y/FEMALE	Visit Date	25/12/2021
Ref Doctor	MediWheel		













Customer Name	MRS.RASHMI BILKI	Customer ID	MED120605124
Age & Gender	42Y/FEMALE	Visit Date	25/12/2021
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased 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. 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

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 (cm)	Parenchymal thickness (cm)
Right Kidney	9.3	1.7
Left Kidney	10.5	2.1

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 – 7.7mm.

Uterus measures LS: 7.3cm

AP: 3.0cm

TS: 5.2cm.

OVARIES are normal in size, shape and echotexture

Right ovary measures 2.5 x 1.5cm

Left ovary measures 1.8 x 1.8cm.

POD & adnexa are free.

No evidence of ascites.

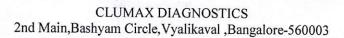
IMPRESSION:

- Grade I fatty infiltration of liver.
- No other significant abnormality detected.

DR. H.K. ANAND DR. C.R RAMACHANDRA DR. LOHITH H.P DR. VARSHA KALE
CONSULTANT RADIOLOGISTS

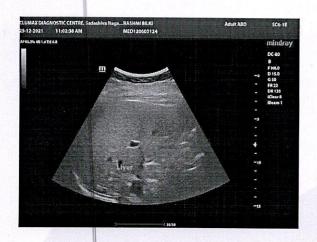
Cr/sm





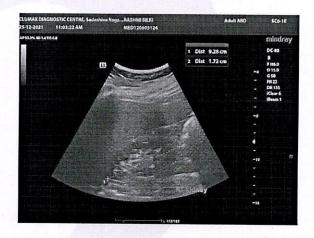


Customer Name	MRS.RASHMI BILKI	Customer ID	MED120605124
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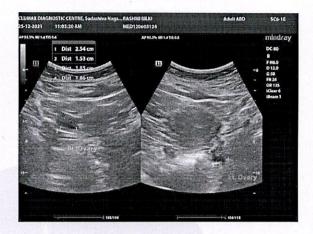
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CLUMAX DIAGNOSTICS 2nd Main,Bashyam Circle,Vyalikaval ,Bangalore-560003

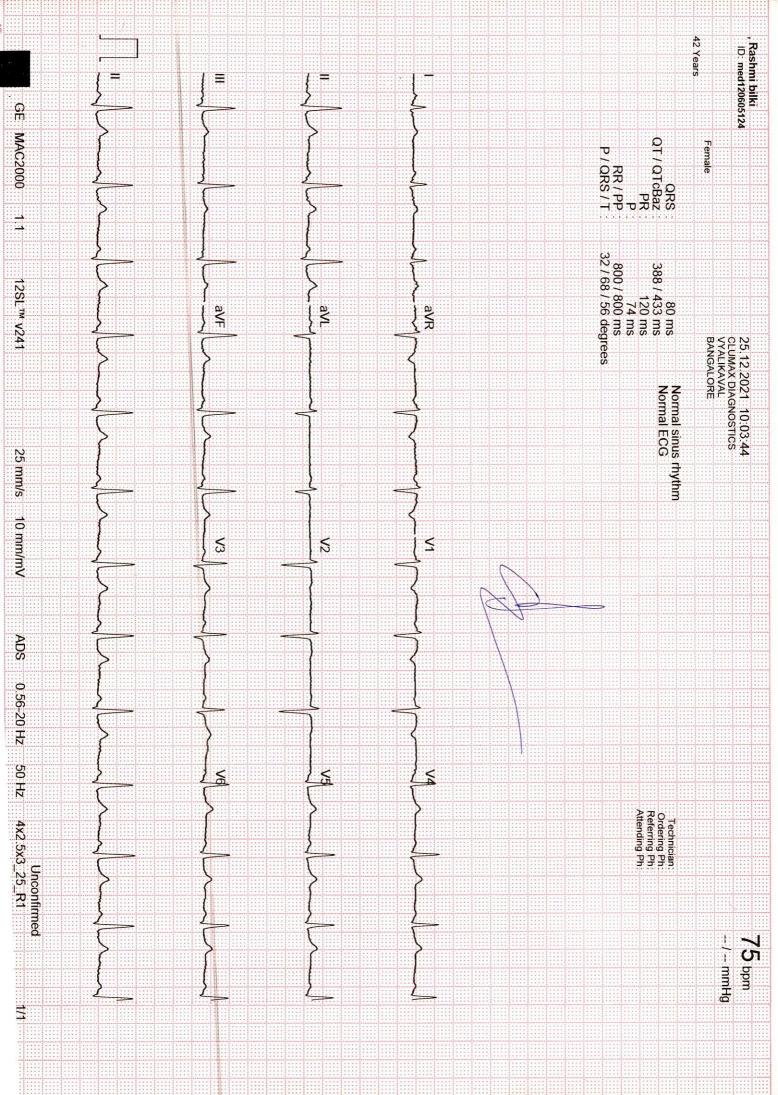
Customer Name	MRS.RASHMI BILKI	Customer ID	MED120605124
Age & Gender	42Y/FEMALE	Visit Date	25/12/2021
Ref Doctor	MediWheel		













Name	RASHMI BILKI	Customer ID	MED120605124
Age & Gender	42Y/F	Visit Date	Dec 25 2021 8:40AM
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:

• No significant abnormality detected.

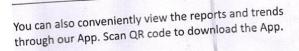
DR. H.K. ANAND

DR. VARSHA KALE

DR. LOHITH H.P

DR. C.R. RAMACHANDRA

CONSULTANT RADIOLOGISTS





MEDICAL EXAMINATION CERTIFICATE

MRS. RASHMI

NAME

BILKI

AGE :	4271F	
GPE:		@ 01/0
Heig	ht ; 168cm	Weight: 82Kg
BP	: 100 130/80 mm /19	Pulse: QIBpm
	: 1000 130/80 mm/19	Spo2: 971.
Systemic Examinat	ion: No payt medical	history
	cvs - Mooma)	
	rs- Noomal	cns - Noomal
Eye Check up :	Not using spects	
VA -	Noomal	
N-	Noomal	
Colo	r Vision - Noomal	
After personal Exar	mination of the case do hereby	certify that
Mr / Ms/-,Mrs	RASHMI BILKI	is found Physically
	Fit / Unfi t to work	
Fit		
Unfit		M M
Pending		Julimina. M
		Signature