

Name : Ms. G SHARDA
 PID No. : MED122451917
 SID No. : 522402189
 Age / Sex : 41 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 09/02/2024 10:10 AM
 Collection On : 10/02/2024 12:28 PM
 Report On : 10/02/2024 7:28 PM
 Printed On : 12/02/2024 2:14 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	2.1	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.74	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.07	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.15	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.40	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.14	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	255	10 ³ / μ l	150 - 450
MPV (Blood)	11.0	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	5	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.79	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 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/GOD - POD)	Negative	Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	68.68	70 - 140



Shamim Javed
 DR SHAMIM JAVED
 MD PATHOLOGY
 KMC-88902

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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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.80	mg/dL	0.6 - 1.1
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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/Enzymatic)	3.19	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.27	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.72	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	16.31	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.71	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	70.4	U/L	42 - 98
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MC-5606



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Protein (Serum/Biuret)	6.88	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.75	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.13	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.23		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	182.02	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	74.54	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)	44.02	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	123.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.9	mg/dL	< 30



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	138.0	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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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	
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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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.07	ng/ml	0.7 - 2.04
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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 (Serum/ECLIA)	8.82	µg/dl	4.2 - 12.0
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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/ECLIA)	3.38	µIU/mL	0.35 - 5.50
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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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

PHYSICAL EXAMINATION (URINE COMPLETE)



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Colour (Urine)	Slightly red		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE COMPLETE)</u>			
pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.018		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Positive(+++++)		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION (URINE COMPLETE)



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DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/hpf	NIL
RBCs (Urine)	Plenty	/HPF	NIL
Others (Urine)	NIL		

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

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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BUN / Creatinine Ratio	13.1		6.0 - 22.0



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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE



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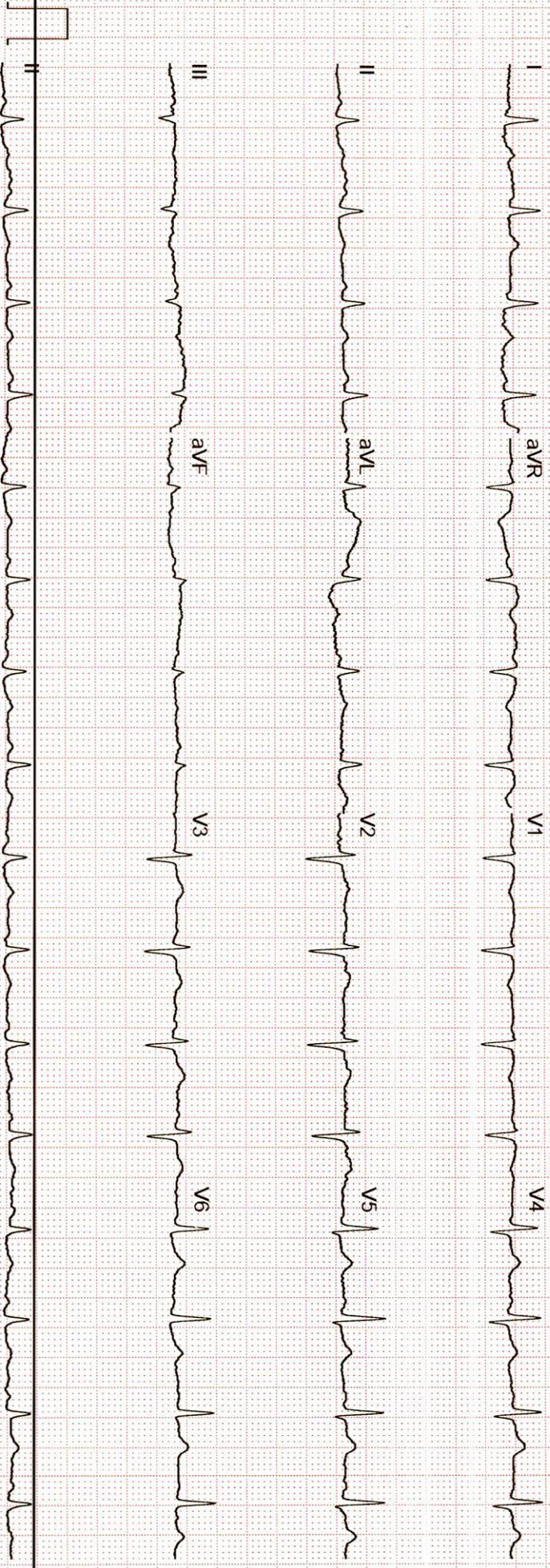
-- End of Report --

41 Years

Female

QRS : 70 ms
QT / QTcBaz : 342 / 434 ms
PR : 120 ms
P : 82 ms
RR / PP : 616 / 618 ms
P / QRS / T : 64 / 18 / 21 degrees

Normal sinus rhythm
Normal ECG



Name	MS.G SHARDA	ID	MED122451917
Age & Gender	41Y/FEMALE	Visit Date	09 Feb 2024
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition Type B (These are scattered areas of fibroglandular density).

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Bilateral axillary lymphnodes are seen.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Bilateral axillary lymphnodes with preserved fatty hilum.

IMPRESSION:

- **No breast lesions.**
- **Bilateral axillary lymphnodes**

ASSESSMENT: BI-RADS CATEGORY -2

BI-RADS CLASSIFICATION

CATEGORY RESULT

2 Benign finding. Routine mammogram in 1 year recommended.

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/sp

Name	MS.G SHARDA	ID	MED122451917
Age & Gender	41Y/FEMALE	Visit Date	09 Feb 2024
Ref Doctor Name	MediWheel		

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Age & Gender	41Y/FEMALE	Visit Date	09 Feb 2024
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.9 cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

BOTH 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 (cms)	Parenchymal thickness (cms)
Right Kidney	11.6	1.2
Left Kidney	11.1	1.2

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 - 6.2 mm.

Uterus measures LS: 6.8 cms AP: 5.6 cms TS: 3.4 cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 3.1 x 1.9 cms Left ovary measures 3.4 x 1.1 cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **No significant abnormality detected.**

DR. HEMANANDINI V.N

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CONSULTANT RADIOLOGIST

Hn/Sp

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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.32	cms.
LEFT ATRIUM	:	3.40	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.27	cms.
(SYSTOLE)	:	2.42	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	0.93	cms.
(SYSTOLE)	:	1.29	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	0.93	cms.
(SYSTOLE)	:	1.34	cms.
EDV	:	81	ml.
ESV	:	20	ml.
FRACTIONAL SHORTENING	:	43	%
EJECTION FRACTION	:	60	%
EPSS	:	***	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 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:	0.8 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 : Normal. No mitral valve prolapsed.

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	MS.G SHARDA	ID	MED122451917
Age & Gender	41Y/FEMALE	Visit Date	09 Feb 2024
Ref Doctor Name	MediWheel		

Name	Ms. G SHARDA	Customer ID	MED122451917
Age & Gender	41Y/F	Visit Date	Feb 9 2024 10:09AM
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.S.SHWETHA.,MDRD,
CONSULTANT RADIOLOGIST

OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No. 12 Lakshmi Nilaya, Ground Floor,
2nd Main Road, Vyalikaval, Bengaluru Karnataka 560003

Name **Cr. Sharda**
Age **41Y (F)**

Ph.No. **9986034946.**

CHIEF COMPLAINTS

RE / LE / BE

DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness


Visual Activity:

	RE	LE
Distance / Near	6/6	6/6
With PH		
With Glasses/CL		

Color Vision: **BE Normal.**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	plano	—	—	—	-0.50	—	—	—
Near	—	—	—	—	Add +1.00 BE	—	—	—

Advise: Constant Use / Near use / Distance Only


Mr. Ravikumar H. L.
(Consultant Optometrist)

DR. B. INDUMATHI MARUTHI, B.D.S.
DENTAL SURGEON



MARUTHI DENTAL CARE

144, 11TH CROSS, MALLESWARAM,
BENGALURU - 560 003.

MOBILE : 98454 91190, 98450 06782

MULTI SPECIALITY DENTAL CLINIC

REGN. NO. 4364A

TIMINGS : 10.00 AM TO 1.30 PM & 5.00 PM TO 8.30 PM

NAME Sharaalee Age 42 years

Provisional Investigation

Provisional Diagnosis Chronic periodontitis

Treatment Advised Adv oral prophylaxis

Treatment

R_x

Date : 8/2/24

- Adv oral
prophylaxis

Dr. B. INDUMATHI MARUTHI
Reg. No. 4364A
MARUTHI DENTAL CARE
144, 11th Cross, Malleswaram
Bengaluru - 560 003

Your Next Appointment is on

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

PLEASE bring this prescription during your next visit.

Patient Name	Sharda	Date	9/2/2024
Age	41 yrs	Visit Number	522402189
Sex	Female	Corporate	Medi wheel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 155 cms
 Weight : 64 kg kgs
 Pulse : 70 /minute
 Blood Pressure : 110/70 mm of Hg
 BMI : 26.6

BMI INTERPRETATION

Underweight = <18.5
 Normal weight = 18.5-24.9
 Overweight = 25-29.9

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : 2 WAD Ears : NAT)

Throat : Neck nodes : Not palpable

RS : Bk NUB ⊕ CVS : S, S, ⊕

PA : Soft, B ⊕ CNS : conscious faint

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. RITESH RAJ, MBBS
 General Physician & Diabetologies
 KMC Reg. No: 85875
 CI UMAX DIAGNOSTICS


 Signature

