



## MYSORE-BALLAL CIRCLE

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST



Print Date : 30/11/2023 08:25 AM

Customer Name : MRS.RASHMI K  
 Ref Dr Name : MediWheel  
 Customer Id : MYS9585 Visit ID : 712340566  
 Age : 39Y/FEMALE Phone No : 9448803526  
 DOB : 01 Jan 1984 Visit Date : 30/11/2023

Company Name : MediWheel

Package Name : Mediwheel Full Body Health Checkup Female Below 40

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	GLUCOSE - FASTING			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
5	LAB	LIPID PROFILE			
6	LAB	LIVER FUNCTION TEST (LFT)			
7	LAB	URIC ACID			
8	LAB	URINE GLUCOSE - FASTING			
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
10	LAB	COMPLETE BLOOD COUNT WITH ESR			
11	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)			
12	LAB	STOOL ANALYSIS - ROUTINE			
13	LAB	URINE ROUTINE			
14	LAB	CREATININE			
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
16	LAB	BUN/CREATININE RATIO			
17	OTHERS	physical examination	MYS2853425102651		
18	US	ULTRASOUND ABDOMEN	MYS2853425103462		
19	OTHERS	Treadmill / 2D Echo ✓	MYS2853425127528		
20	OTHERS	EYE CHECKUP	MYS2853425135592		
21	X-RAY	X RAY CHEST ✓	MYS2853425145199		
22	OTHERS	Consultation Physician	MYS2853425148004		
23	ECHO	ELECTROCARDIOGRAM ECG ✓	MYS2853425149333		

Registered By  
(ABHISHEK.N)

Done

BP - 90/60 mm of Hg  
 P - 1066/mT  
 Dr. consultation  
 not required  
 Thant

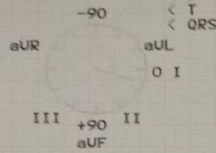
GE MAC1200 ST RASHMI K. 000009585, CLUMAX DIAGNOSTICS, MYSORE  
Female

HR 107 bpm

AGE 39

Measurement Results:

QRS	88 ms
QT/QTcB	330 / 443 ms
PR	134 ms
P	108 ms
RR/PP	556 / 555 ms
P/QRS/T	65 / 20 / 20 degrees
QTd/QTcBD	76 / 102 ms
Sokolow	0.9 mU
NK	16

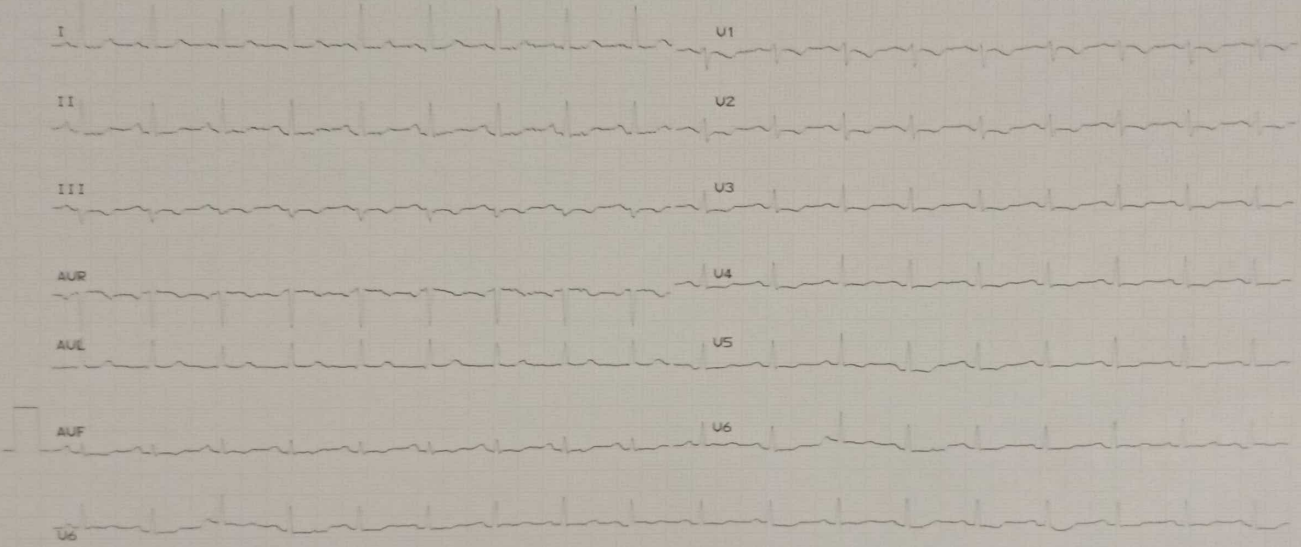


Interpretation:

*Sinus tachycardia*  
sinus tachycardia  
T-wave near baseline (anterior) ? ischemia  
low QRS amplitudes  
R/S inversion area between U1 and U2  
probably abnormal ECG

*To clinically correlate*  
*MS*

Unconfirmed report.



Customer Name	MRS. BASHISHI K.	Customer ID	MY 09085
Age & Gender	39Y FEMALE	Visit Date	20/11/2022
Ref Doctor	MediWHEEL		

### 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.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.  
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.0	1.8
Left Kidney	10.4	2.0

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents.

**UTERUS** is anteverted and has normal shape and size. It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness 6.9 mms.  
Uterus measures as follows: LS: 7.3cms AP: 4.8cms TS: 5.7cms.

**OVARIES** are normal size, shape and echotexture.  
Right ovary measures: 2.2 x 1.8cms Left ovary measures: 2.5 x 2.2cms  
POD & adnexa are free.

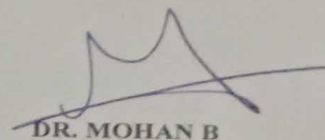
No evidence of ascites.

#### IMPRESSION:

➤ NO SIGNIFICANT ABNORMALITY DETECTED.

#### CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH  
MB/MS



DR. MOHAN B







Customer Name	MR. RAJESH K	Customer ID	NY 00001
Age & Gender	55 Y FEMALE	Visit Date	20/11/2023
Ref Doctor	MediHeart		

### 2D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.7cms
LEFT VENTRICLE (DIASTOLE)	:	4.0cms
(SYSTOLE)	:	2.3cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.7cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.7cms
(SYSTOLE)	:	1.0cms
EDV	:	63ml
ESV	:	24ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	62%
RVID	:	1.5cms

#### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.77m/s	'A' - 0.27m/s	NO MR
AORTIC VALVE	:	0.99m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.69m/s	'A' - 0.60m/s	NO TR
PULMONARY VALVE	:	0.71m/s		NO PR

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Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

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Age & Gender	39Y/FEMALE	Visit Date	30/11/2023
Ref Doctor	MediWheel		

**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.

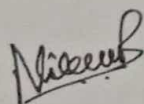
IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

**IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 62%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/MS







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BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by gel method.

**Complete Blood Count With - ESR**

Haemoglobin

10.8

g/dL

12.5 - 16.0

(EDTA Blood/Spectrophotometry)

**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit

34.0

%

37 - 47

(EDTA Blood/Derived)

RBC Count

4.74

mill/cu.mm

4.2 - 5.4

(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume)

72.0

fL

78 - 100

(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin)

22.8

pg

27 - 32

(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration)

31.7

g/dL

32 - 36

(EDTA Blood/Derived)

RDW-CV

17.4

%

11.5 - 16.0

(Derived)

RDW-SD

43.85

fL

39 - 46

(Derived)

Total WBC Count (TC)

9540

cells/cu.m  
m

4000 - 11000

(EDTA Blood/Derived from Impedance)

Neutrophils

70

%

40 - 75

(Blood/Impedance Variation & Flow Cytometry)



APPROVED BY

The results pertain to sample tested.

Page 1 of 9

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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	25	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	1	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	4	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>6.68</b>	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.38	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.29	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	366	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	9.1	fL	8.0 - 13.3
PCT	<b>0.33</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	<b>40</b>	mm/hr	< 20



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BUN / Creatinine Ratio	10.7		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	93	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 sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	104	mg/dL	70 - 140

**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 Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.5	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.7	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 (Serum/Uricase/Peroxidase)	5.6	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.5	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.40	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.21		1.1 - 2.2

**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	11	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	10	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	55	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14	U/L	< 38

**Lipid Profile**

Cholesterol Total (Serum/Oxidase / Peroxidase method)	199	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	101	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
<b>INTERPRETATION:</b> 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)	35	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	143.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	164.0	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.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.7		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)	2.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	<b>6.0</b>	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose (Whole Blood)	125.5	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 glycaemic 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.

### URINE ROUTINE

### PHYSICAL EXAMINATION



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The results pertain to sample tested.

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Colour (Urine/Physical examination)	PALE YELLOW		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	CLEAR		
<b><u>CHEMICAL EXAMINATION</u></b>			
pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.010		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	NORMAL		Within normal limits

**Urine Microscopy Pictures**



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RBCs (Urine/Microscopy)	NIL	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	3-4	/hpf	No ranges
Others (Urine)	NIL		Nil



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**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	0.904	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)	7.49	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)	5.04	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



  
DR SUHAS L MD  
Consultant Pathologist  
KMC No. 111687  
APPROVED BY

-- End of Report --

Name	Mrs. RASHMI K	ID	MYS9585
Age & Gender	39Y/F	Visit Date	Nov 30 2023 8:25AM
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. MOHAN. B**  
(DMRD, DNB, EDIR, FELLOW IN CARDIAC  
MRI)  
CONSULTANT RADIOLOGIST