PID No.
 : MED122518602
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 : 23/03/2024 8:15 AM

 SID No.
 : 522404890
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 Age / Sex
 : 45 Year(s) / Female
 Report On
 : 24/03/2024 11:16 AM

 Type
 : OP
 Printed On
 : 24/03/2024 2:48 PM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed</u> <u>Unit</u> <u>Value</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh	'O' 'Positive'	

TYPING

(EDTA Blood/Agglutination)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood'Spectrophotometry)	6.3	g/dL	12.5 - 16.0
Remark: Slide verified			
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	22.1	%	37 - 47
RBC Count (EDTA Blood)	3.60	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	61.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	17.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	28.7	g/dL	32 - 36
RDW-CV	21.0	%	11.5 - 16.0
RDW-SD	44.98	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6800	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	50.9	%	40 - 75
Lymphocytes (Blood)	36.1	%	20 - 45
Eosinophils (Blood)	2.4	%	01 - 06





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Monocytes (Blood)	9.3	%	01 - 10
Basophils (Blood)	1.3	%	00 - 02
INTERPRETATION: Tests done on Automated F	ive Part cell count	er. All abnormal results a	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.46	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.45	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.16	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.63	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.09	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	337	10^3 / μl	150 - 450
MPV (Blood)	8.5	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	3	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	104.85	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	105.76	mg/dL	70 - 140





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-	<u>Value</u>		Reference Interval

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) (Serum/Urease UV / derived)	10.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.59	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

such as cefoxitin ,cefazolin, ACE inhibitors ,angioter etc.	nsin II receptor a	antagonists,N-acetylcyteine	, chemotherapeutic agent such as flucytosing
Uric Acid	3.39	mg/dL	2.6 - 6.0
(Serum/Enzymatic)			
Liver Function Test			
Bilirubin(Total)	0.32	mg/dL	0.1 - 1.2
(Serum/DCA with ATCS)			
Bilirubin(Direct)	0.15	mg/dL	0.0 - 0.3
(Serum/Diazotized Sulfanilic Acid)			
Bilirubin(Indirect) (Serum/Derived)	0.17	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.48	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.62	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.50	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	69.1	U/L	42 - 98
Total Protein (Serum/Biuret)	7.14	gm/dl	6.0 - 8.0





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Albumin (Serum/Bromocresol green)	4.37	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.77	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.58		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	149.94	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	97.76	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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	45.07	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	85.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.6	mg/dL	< 30





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	104.9	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 3.3 Optimal: < 3.3Low Risk: 3.4 - 4.4 Ratio Average Risk: 4.5 - 7.1 (Serum/Calculated) Moderate Risk: 7.2 - 11.0 High Risk: > 11.0Triglyceride/HDL Cholesterol Ratio 2.2 Optimal: < 2.5Mild to moderate risk: 2.5 - 5.0 (TG/HDL) High Risk: > 5.0(Serum/Calculated) Optimal: 0.5 - 3.0 LDL/HDL Cholesterol Ratio 1.9 Borderline: 3.1 - 6.0 (Serum/Calculated) High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

Normal: 4.5 - 5.6 HbA1C 6.0 % Prediabetes: 5.7 - 6.4 (Whole Blood/HPLC) Diabetic: ≥ 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 125.5 mg/dL

(Whole Blood)





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<u>Investigation</u> <u>Observed</u> <u>Unit</u> <u>Biological</u>
Value Reference Interval

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 HbAlC 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 0.957 ng/ml 0.7 - 2.04

(Serum/ECLIA)

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 3.33 $\mu g/dl$ 4.2 - 12.0

(Serum/ECLIA)

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) 3.83 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

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.

PHYSICAL EXAMINATION (URINE

COMPLETE)





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The results pertain to sample tested.

Page 6 of 10

 PID No.
 :
 MED122518602
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 :
 23/03/2024 8:15 AM

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Investigation	<u>Observed</u> <u>Unit</u> <u>Value</u>	<u>Biological</u> <u>Reference Interval</u>
Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION</u> <u>COMPLETE)</u>	<u>V (URINE</u>	
pH (Urine)	5	4.5 - 8.0
Specific Gravity (Urine)	1.007	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Trace	Negative
Nitrite (Urine)	Negative	Negative
Bilirubin (Urine)	Negative	Negative
Protein (Urine)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Leukocytes(CP) (Urine)	Positive(++++)	
MICROSCOPIC EXAMINAT	<u>TION</u>	





(URINE COMPLETE)

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Pus Cells (Urine)	Plenty	/hpf	NIL
Epithelial Cells (Urine)	10-15	/hpf	NIL
RBCs (Urine)	1-3	/HPF	NIL
Others	Bacteria Present		

(Urine)

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

Casts NIL /hpf NIL (Urine)

Crystals NIL /hpf NIL

(Urine)





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Type : OP

Investigation

Ref. Dr

: MediWheel

BUN / Creatinine Ratio

Observed <u>Unit</u> **Biological Value** Reference Interval

6.0 - 22.0

×

18.3



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<u>Unit</u> Investigation **Observed Biological** Value Reference Interval

URINE ROUTINE

×



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-- End of Report --

Name : Mrs. NARAYANAMMA Register On : 23/03/2024 8:15 AM

PID No. : MED122518602 Collection On : 23/03/2024 10:40 AM

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PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Lab No: GC-715 /24

Nature of Specimen: Cervical smear

Specimen type: Liquid based preparation

Specimen adequacy: Satisfactory for evaluation

Endocervical / Transformation zone cells : Absent

General categorization: Within normal limits

DESCRIPTION: Smear studied shows superficial squamous cells, intermediate cells in the background of sheets of neutrophils.

INTERPRETATION: Negative for intraepithelial lesion or malignancy.





Name	MRS.NARAYANAMMA	ID	MED122518602
Age & Gender	45Y/FEMALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.1cms) and has increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.

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.

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	11.3	1.6
Left Kidney	12.3	1.5

URINARY BLADDER show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is bulky and heterogeneous predominantly involving the anterior wall.

Endometrial echo is of normal thickness - 4.8mm.

Uterus measures LS: 7.8cms AP: 6.2cms TS: 8.5cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 2.3 x 2.5cms. Left ovary measures 2.8 x 1.6cms.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Anterior wall focal adenomyosis suggested TVS correlation.

Name	MRS.NARAYANAMMA	ID	MED122518602
Age & Gender	45Y/FEMALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Hn/Lr

Name	MRS.NARAYANAMMA	ID	MED122518602
Age & Gender	45Y/FEMALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.78 cms. LEFT ATRIUM 2.68 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.01 cms. (SYSTOLE) 2.16 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.82 cms. (SYSTOLE) 1.18 cms. POSTERIOR WALL (DIASTOLE) 1.16 cms. (SYSTOLE) 1.54 cms. **EDV** 70 ml. **ESV** 15 ml. % FRACTIONAL SHORTENING 46 **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.

Name	MRS.NARAYANAMMA	ID	MED122518602
Age & Gender	45Y/FEMALE	Visit Date	23 Mar 2024
Ref Doctor Name	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 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	Mrs. NARAYANAMMA	Customer ID	MED122518602
Age & Gender	45Y/F	Visit Date	Mar 23 2024 8:15AM
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.

<u>Impression:</u> No significant abnormality detected.

DR.S.SHWETHA.,MDRD, CONSULTANT RADIOLOGIST



Spor 198-1.

Patient Name	Varayana	Date	23/3/2024
Age	42487	Visit Number	5224048 90
Sex	Female	Corporate	Mediwheel

GENERAL PHYSICAL EXAMINATION

Identification Wark:

Height:

158

cms

Weight:

73.7.

kgs :

Pulse:

20

/minute

Blood Pressure: 140 90

mm of Hg

вмі

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9 Overweight = 25-29.9

Chest :

Expiration:

cms

Inspiration:

oms

Abdomen Measurement :

cms

d. . .

Ears:

hroat :

Neck nodes

RS: NAIT

cvs: 21 = A

A. Oal

I RQA

CNS: Querous & Oscartea

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES /- NO

Signature

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

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