PID No.
 : MED122512534
 Register On
 : 16/03/2024 8:45 AM

 SID No.
 : 522404438
 Collection On
 : 16/03/2024 10:09 AM

 Age / Sex
 : 45 Year(s) / Female
 Report On
 : 17/03/2024 1:38 PM

 Type
 : OP
 Printed On
 : 19/03/2024 7:08 AM

Ref. Dr : MediWheel

<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.1	%	37 - 47
RBC Count (EDTA Blood)	4.70	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	85.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.8	g/dL	32 - 36
RDW-CV	14.5	%	11.5 - 16.0
RDW-SD	44.2	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9400	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	61.8	%	40 - 75
Lymphocytes (Blood)	29.0	%	20 - 45
Eosinophils (Blood)	2.4	%	01 - 06
Monocytes (Blood)	6.2	%	01 - 10
Basophils (Blood)	0.6	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.





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Absolute Neutrophil count (EDTA Blood)	5.8	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.7	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.2	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.6	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood)	261	$10^3 / \mu l$	150 - 450
MPV (Blood)	9.8	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.257	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	15	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	111.65	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)	113.52	mg/dL	70 - 140

(Plasma - PP/GOD-PAP)

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) Negative (Urine - PP)





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.66	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/Enzymatic)	5.07	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.43	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.25	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.22	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.82	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22.36	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	87.6	U/L	42 - 98
Total Protein (Serum/Biuret)	7.23	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.36	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.87	gm/dL	2.3 - 3.6





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A : G RATIO (Serum/Derived)	1.52		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	232.30	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	127.87	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)	49.87	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	156.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	25.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	182.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220





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	Value		Reference Interval

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 4.7 Optimal: < 3.3 Ratio (Serum/Calculated) 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 2.6 Optimal: < 2.5

(TG/HDL) Mild to moderate risk: 2.5 - 5.0

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio 3.1 Optimal: 0.5 - 3.0 (Serum/Calculated) Borderline: 3.1 - 6.0

High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C 6.2 % Normal: 4.5 - 5.6 (Whole Blood/*HPLC*) 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 %

Estimated Average Glucose 131.24 mg/dL

(Whole Blood)

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 HbAlc.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.07 ng/ml 0.7 - 2.04 (Serum/*ECLIA*)





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	Value		Reference Interval

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

8.15 $\mu g/dl$

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

PHYSICAL EXAMINATION (URINE

COMPLETE)

(Urine)

Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION (U</u> <u>COMPLETE)</u>	<u>VRINE</u>	

pH 5 4.5 - 8.0





APPROVED BY

The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Specific Gravity (Urine)	1.021		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		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)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		
INTERPRETATION: Note: Done with Automoreviewed and confirmed microscopically.	ated Urine Analyser &	t Automated urine se	dimentation analyser. All abnormal reports are
Casts	NIL	/hpf	NIL





APPROVED BY

(Urine)

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(Urine)

Type : OP Printed On : 19/03/2024 7:08 AM

InvestigationObserved ValueUnit ValueBiological Reference IntervalCrystalsNIL /hpfNIL



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InvestigationObserved ValueUnit ValueBiological Reference IntervalBUN / Creatinine Ratio10.56.0 - 22.0





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Investigation Observed Value

<u>Unit</u>

Biological Reference Interval

URINE ROUTINE





-- End of Report --

Name : Mrs. KAMALA N N Register On : 16/03/2024 8:45 AM

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Ref. Dr : MediWheel Type : OP

PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Lab No: GC-618 /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 and occasional parabasal cells in the background of sheets of neutrophils.

INTERPRETATION: Negative for intraepithelial lesion or malignancy.





Name	MRS.KAMALA N N	ID	MED122512534
Age & Gender	45Y/FEMALE	Visit Date	16 Mar 2024
Ref Doctor Name	MediWheel	-	

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

BILATERAL MAMMOGRAPHY

Breast composition Type A (The breasts are almost entirely fatty).

A well circumscribed oval homogeneously radiodense lesions are seen in upper outer and lower inner quadrant of right breast. No calcification.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

A septated cystic lesion measuring 8.3 x 6.5 mm is seen at 7-8 o' clock position of right breast.

An oval cystic lesion measuring 6.8 x 4.0 mm is seen at 2 o' clock position of right breast.

Rest of the both breasts show normal echopattern.

No evidence of focal solid/cystic areas in left breast.

No evidence of ductal dilatation.

No evidence of axillary lymphadenopathy on both sides.

IMPRESSION:

• Oval and septated cystic lesions in right breast - Likely benign.

ASSESSMENT: BI-RADS CATEGORY - 3

BI-RADS CLASSIFICATION

CATEGORY RESULT

3 Probably benign finding. Short interval follow-up suggested.

Name	MRS.KAMALA N N	ID	MED122512534
Age & Gender	45Y/FEMALE	Visit Date	16 Mar 2024
Ref Doctor Name	MediWheel		

DR. SHWETHA S CONSULTANT RADIOLOGIST

Sw/Mi

Name	MRS.KAMALA N N	ID	MED122512534
Age & Gender	45Y/FEMALE	Visit Date	16 Mar 2024
Ref Doctor Name	MediWheel	-	

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is mildly enlarged in size (15.0 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows 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.

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	10.8	1.7
Left Kidney	10.7	2.0

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 - 5.3 mm.

OVARIES are atrophic. No adnexal lesion.

No evidence of ascites.

IMPRESSION:

- Mild hepatomegaly with grade I fatty infiltration.
- No other significant abnormality detected.

DR. SHWETHA S

Name	MRS.KAMALA N N	ID	MED122512534
Age & Gender	45Y/FEMALE	Visit Date	16 Mar 2024
Ref Doctor Name	MediWheel	-	

CONSULTANT RADIOLOGIST

Sw/Mi

Name	MRS.KAMALA N N	ID	MED122512534
Age & Gender	45Y/FEMALE	Visit Date	16 Mar 2024
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.16 cms. LEFT ATRIUM 2.88 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.17 cms. (SYSTOLE) 2.42 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 1.23 cms. (SYSTOLE) 1.29 cms. **POSTERIOR WALL** (DIASTOLE) 1.03 cms. (SYSTOLE) 1.54 cms. **EDV** 77 ml. **ESV** 20 ml. % FRACTIONAL SHORTENING 41 **EJECTION FRACTION** 60 % *** **EPSS** cms. **RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.6 m/s A - 0.8 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.3 m/s A - 0.4 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MRS.KAMALA N N	ID	MED122512534
Age & Gender	45Y/FEMALE	Visit Date	16 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: FAIR ECHO WINDOW.

- 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.KAMALA N N	ID	MED122512534
Age & Gender	45Y/FEMALE	Visit Date	16 Mar 2024
Ref Doctor Name	MediWheel		

Name	Mrs. KAMALA N N	Customer ID	MED122512534
Age & Gender	45Y/F	Visit Date	Mar 16 2024 8:44AM
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: Essentially normal study.

DR. TRISHUL SHETTY
CONSULTANT RADIOLOGIST

Regn. No. 4364A

Mob: 98454 91190

98450 06782

MARUTHI DENTAL CARE

144, 11th Cross, Malleshwaram, Bengaluru - 560 003

Dr. B. INDUMATHI MARUTHI Timings: 11 a.m. to 1.30 p.m. **Dental Surgeon**

5 p.m. to 8.30 p.m.

 P_{X}

Dhe oral poply h



Name Kamala. N.N

Age 45 F

Chief Complaints

OPTICAL STORE

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Ph. 9.242916756

Past His	tory						
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Visual A	cuity						
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Distance	/ Near	66	66	1.4			
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Patient Name	· K	anala.N.A	Date	161312024
Age		45425	Visit Number	522404438
Sex		Ferent	Corporate	Medi Wheel

GENERAL PHYSICAL EXAMINATION

dentification Mark:

Height: 16

cms

Weight: 93-4

kgs

Pulse: 82

/minute

Blood Pressure: 130 180

mm of Hg

BMI

BMI INTERPRETATION

Underweight = <18.5 Normal weight = 18.5-24.9

Overweight = 25-29.9

othere Chest:

Expiration:

cms

Inspiration:

cms

Abdomen Measurement:

cms

Throat: J. NOD

B/L NUBLA)

PA: Soft CBS (

Neck nodes: Not palpalle CVS: Sisil CNS: Consion Jaler

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

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

eneral Physician & Diabetok KMC Reg. No: 85875 CI UMAX DIAGNOSTIC

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