PID No.
 : MED122505755
 Register On
 : 08/03/2024 8:24 AM

 SID No.
 : 522403914
 Collection On
 : 08/03/2024 9:12 AM

 Age / Sex
 : 35 Year(s)/ Female
 Report On
 : 08/03/2024 4:07 PM

 Type
 : OP
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 : 09/03/2024 1:21 PM

Ref. Dr : MediWheel

BLOOD GROUPING AND Rh

'A' '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)	12.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.2	%	37 - 47
RBC Count (EDTA Blood)	4.43	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV	13.0	%	11.5 - 16.0
RDW-SD	39.4	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7100	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	54.1	%	40 - 75
Lymphocytes (Blood)	34.9	%	20 - 45
Eosinophils (Blood)	3.3	%	01 - 06
Monocytes (Blood)	7.2	%	01 - 10







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Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated F	ive Part cell cour	nter. All abnormal results a	re reviewed and confirmed microscopicall
Absolute Neutrophil count (EDTA Blood)	3.8	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.5	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)	0.5	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	328	10^3 / μl	150 - 450
MPV (Blood)	9.6	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.314	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	10	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	91.38	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)	74.69	mg/dL	70 - 140







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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.

Blood Urea Nitrogen (BUN) (Serum/ <i>Urease UV / derived</i>)	7.4	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.

etc.				
Uric Acid	4.31	mg/dL	2.6 - 6.0	
(Serum/Enzymatic)				
Liver Function Test				
Bilirubin(Total)	0.64	mg/dL	0.1 - 1.2	
(Serum/DCA with ATCS)				
Bilirubin(Direct)	0.17	mg/dL	0.0 - 0.3	
(Serum/Diazotized Sulfanilic Acid)				
Bilirubin(Indirect)	0.47	mg/dL	0.1 - 1.0	
(Serum/Derived)				
SGOT/AST (Aspartate	12.18	U/L	5 - 40	
Aminotransferase)				
(Serum/Modified IFCC)				
SGPT/ALT (Alanine Aminotransferase)	11.42	U/L	5 - 41	
(Serum/Modified IFCC)				
GGT(Gamma Glutamyl Transpeptidase)	17.05	U/L	< 38	
(Serum/IFCC / Kinetic)				
Alkaline Phosphatase (SAP)	68.5	U/L	42 - 98	
(Serum/Modified IFCC)				
Total Protein	7.03	gm/dl	6.0 - 8.0	
(Serum/Biuret)				







The results pertain to sample tested.

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Albumin (Serum/Bromocresol green)	4.36	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i>)	2.67	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.63		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	141.42	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	109.21	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)	33.27	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	86.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	21.8	mg/dL	< 30







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Non HDL Cholesterol 108.1 mg/dL Optimal: < 130

(Serum/Calculated)

Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219

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)

4.3

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)

3.3

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio 2.6 Optimal: 0.5 - 3.0 (Serum/Calculated) Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C 4.9 % 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 93.93 mg/dL

(Whole Blood)







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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 1.05 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 7.05 $\mu g/dl$ 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) 1.36 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)







APPROVED BY

The results pertain to sample tested.

Page 6 of 10

 PID No.
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Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	30	
<u>CHEMICAL EXAMINATION</u> <u>COMPLETE)</u>	<u>(URINE</u>	
pH (Urine)	5.0	4.5 - 8.0
Specific Gravity (Urine)	1.005	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	







The results pertain to sample tested.

MICROSCOPIC EXAMINATION

(URINE COMPLETE)

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Pus Cells — — — NIL

(Urine)

Epithelial Cells 0-1 /hpf NIL

(Urine)
RBCs NIL /HPF NIL

(Urine)

Others (Urine) NIL

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

Ref. Dr : MediWheel

Printed On : 09/03/2024 1:21 PM

BUN / Creatinine Ratio 11.2 6.0 - 22.0





APPROVED BY

PID No. : MED122505755

: 522403914 SID No.

Age / Sex : 35 Year(s) / Female

: OP **Type**

Ref. Dr : MediWheel Register On : 08/03/2024 8:24 AM

Collection On : 08/03/2024 9:12 AM

Report On : 08/03/2024 4:07 PM

Printed On : 09/03/2024 1:21 PM

URINE ROUTINE





APPROVED BY

-- End of Report --

Name	MS.N HIMABINDU	ID	MED122505755
Age & Gender	35Y/FEMALE	Visit Date	08 Mar 2024
Ref Doctor Name	MediWheel	-	

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.1 cm) and has uniform echopattern. 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	9.9	1.7
Left Kidney	9.6	1.6

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.

Uterus measures LS: 6.3 cms AP: 3.9 cms TS: 5.5 cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 3.5 x 1.6 cm Left ovary measures 2.9 x 2.5 cm

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

• No significant abnormality detected.

Name	MS.N HIMABINDU	ID	MED122505755
Age & Gender	35Y/FEMALE	Visit Date	08 Mar 2024
Ref Doctor Name	MediWheel		

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Hn/Mi

MEDALL CLUMAX DIAGNOSTICS VYALIKAVAL BANGALORE

EXERCISE STRESS TEST REPORT

Race:

DOB: 13.04.1988 Age: 35yrs

Gender: Female

Technician: --

Referring Physician: -

Attending Physician: --

Patient No	me: MS	N HIMABINDU,	MEDIWHEEL
A SEPTEMBER 1974			

Patient ID: MED122505755

Height: Weight:

Study Date: 09.03.2024

Protocol: BRUCE Medications

Test Type: --

Medical History:

Reason for Exercise Test:

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST EXERCISE	SUPINE STAGE 1 STAGE 2 STAGE 3	00:36 03:00 03:00 00:16	1.00 1.70 2.50 3.40	0.00 10.00 12.00 14.00	93 121 150 157	120/80 130/80 150/90 160/90	
RECOVERY	317003	03:19	0.00	0.00	100	140/80	

The patient exercised according to the BRUCE for 6:16 min:s, achieving a work level of Max. METS: 7.70. The resting heart rate of 84 bpm rose to a maximal heart rate of 162 bpm. This value represents 87 % of the maximal age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none. Arrhythmias: none. ST Changes: none.

Overall impression: Equivocal stress test.

Conclusions

IMPRESSION: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEAMIA

DR. YASHODHA RAVI CONSULTANT CARDIOLOGIST

ni dan	Technician	
Physic an		

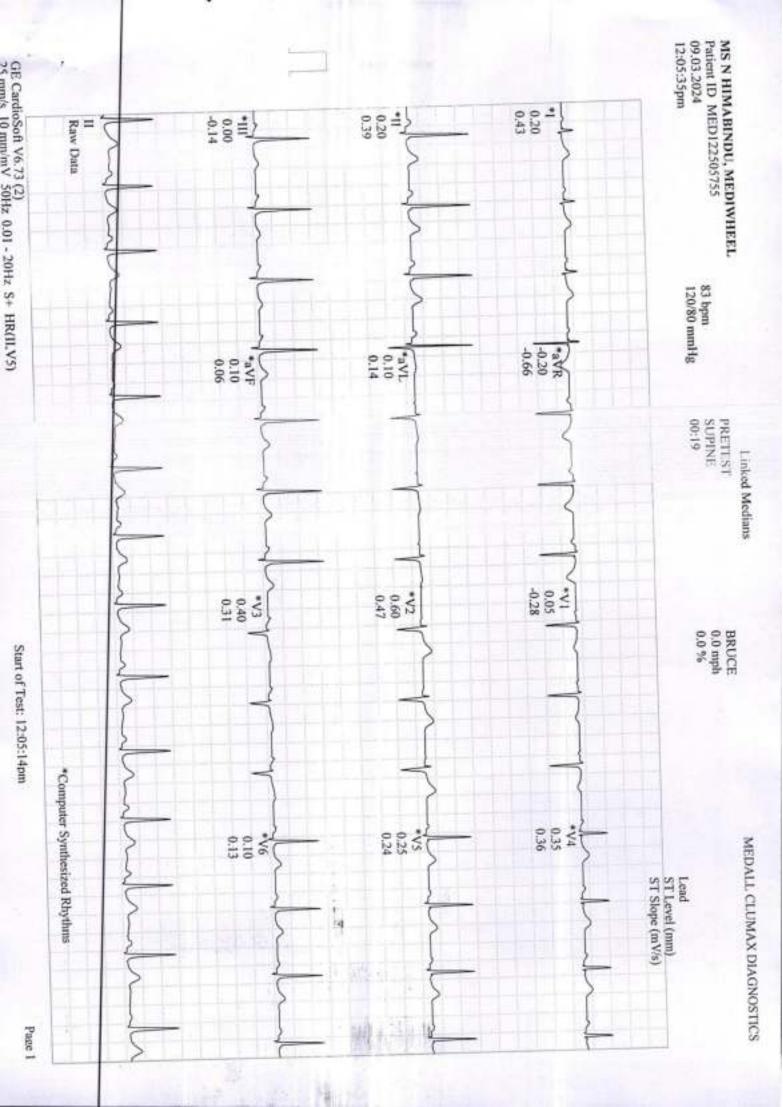
aVF 4	aVL -0.05	avre-	-1.44	0.00	-0.05 mm -1.12 mV/s	BASELINE EXERCISE 0:01 96 bpm 120/80 mmHg
aVF }} -1.15 0.01	aVL→ 0.65 0.23	aVRV	: is is	0.20	0.10	MAX. ST EXERCISE 4:00 141 bpm
aVF → 1.15 0.96	aVL 0.75 -0.79	0.35 -0.51	-1.25 0.90	1.00	-0.25 -0.15	PEAK EXERCISE EXERCISE 6:16 157 bpm 160/90 mmHg
aVF -0.40 0.32	0.15 -0.06	0.25 -0.66	0.04 0.04	0.64	0.36	TEST END RECOVERY 3:17 99 bpm
-0.15 0.02	0.15 0.15	0.35 0.35	0.45 0.03	0.45 0.13	0.10 0.72	BASELINE EXERCISE 0:01 96 bpm 120/80 mmHg
-0.85 0.23	0.11 VS }	0.65 0.65	0.20 0.46	0.35 0.38	0.35 0.35 -0.25	MAX. ST EXERCISE 4:00 141 bpm
-0.80 0.47	-0.85 -0.85	0.45 0.57	0.45 0.45	0.60 0.76	0,40 -0,63	PEAK EXERCISE EXERCISE 6:16 157 bpm 160/90 mmHg
0.30 V6 0.50	0.30 0.43	0.53 0.53	0.30 0.30	0.35	0.40 -0.32	TEST END RECOVERY 3:17 99 bpm

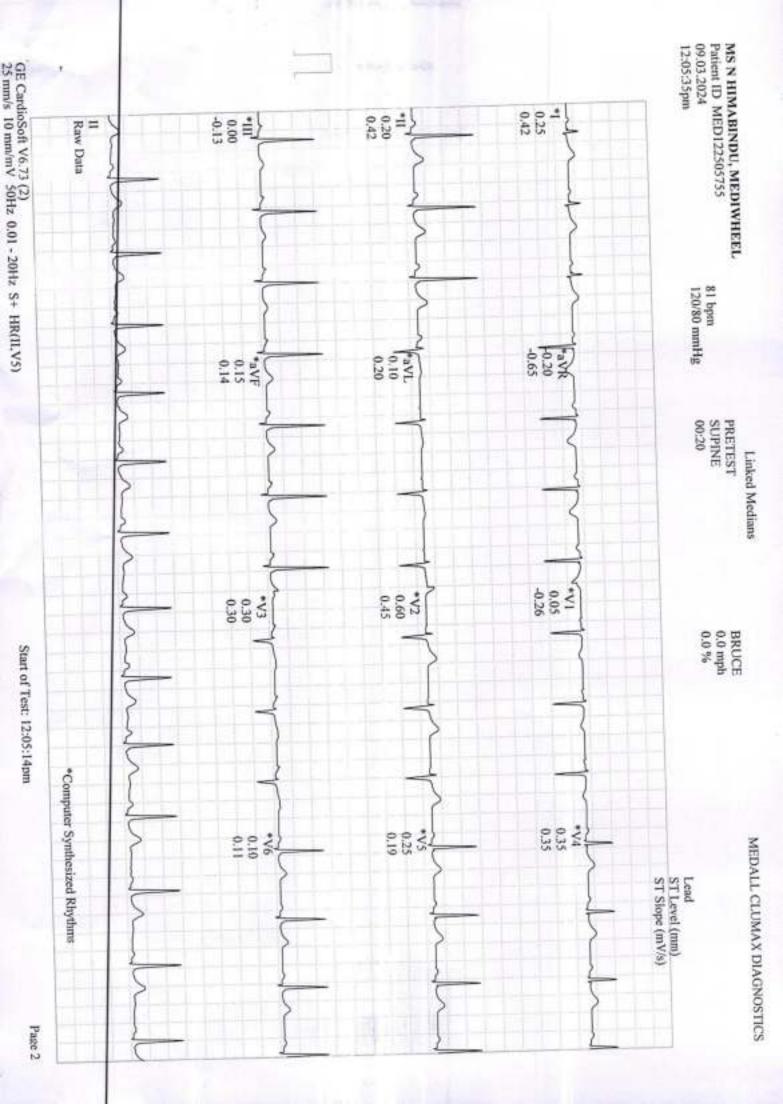
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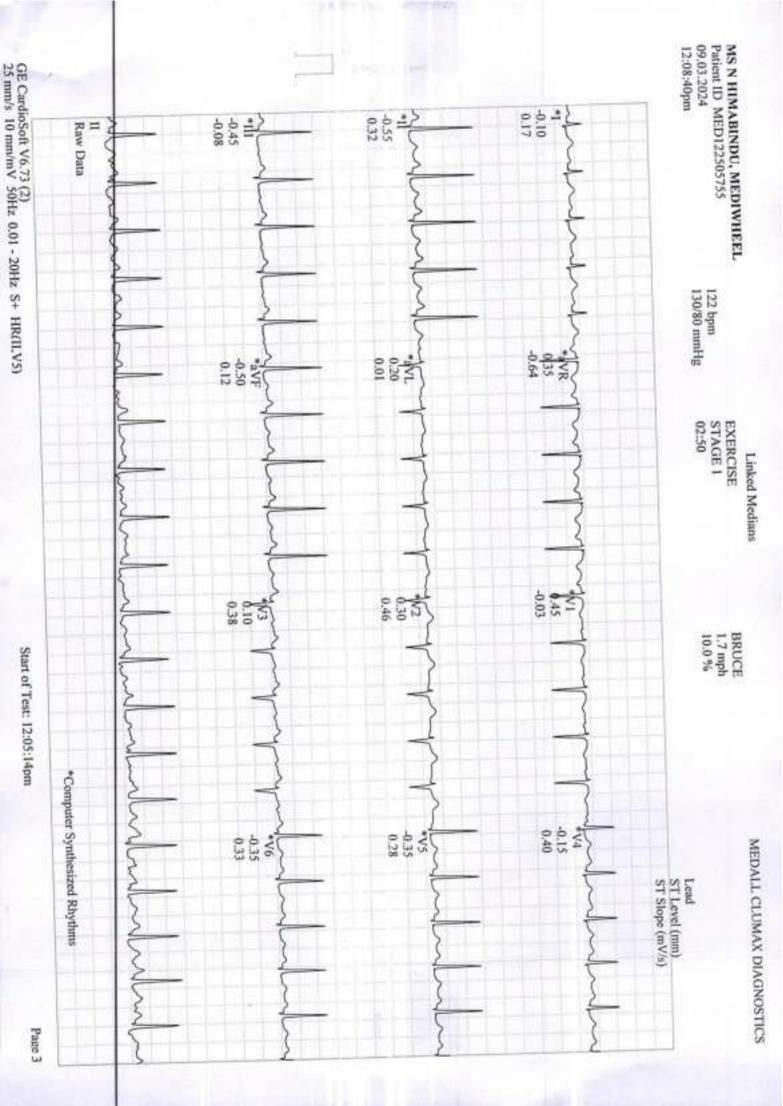
Unconfirmed

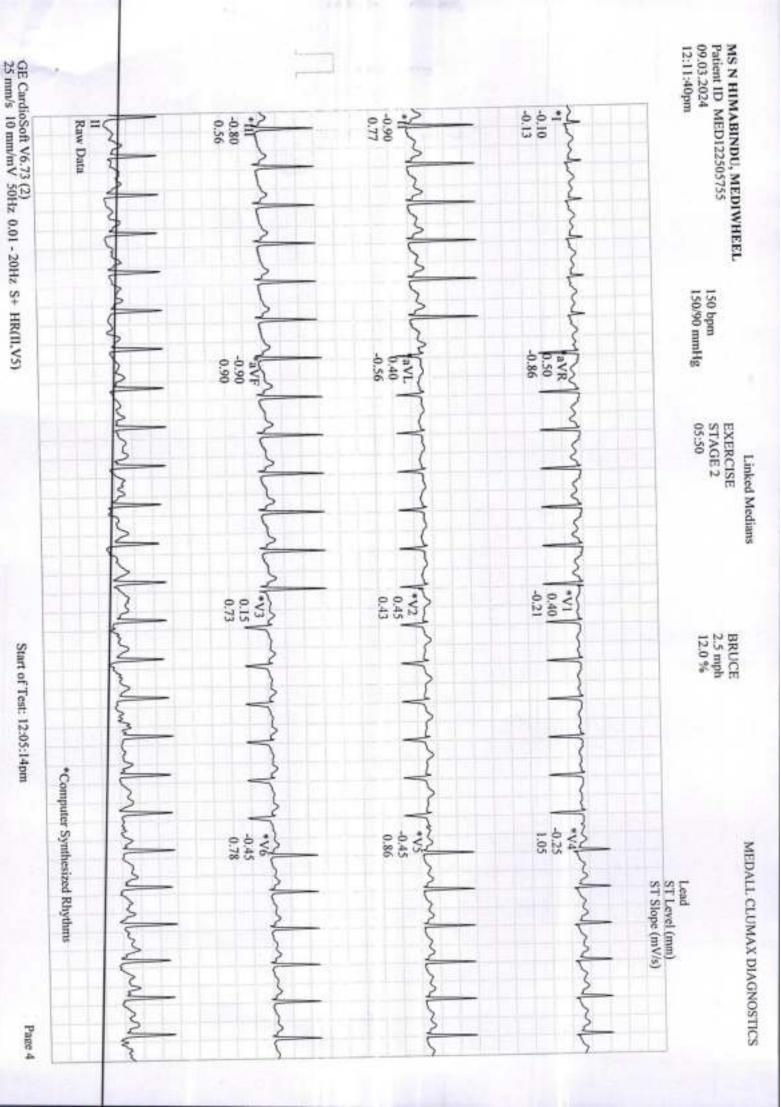
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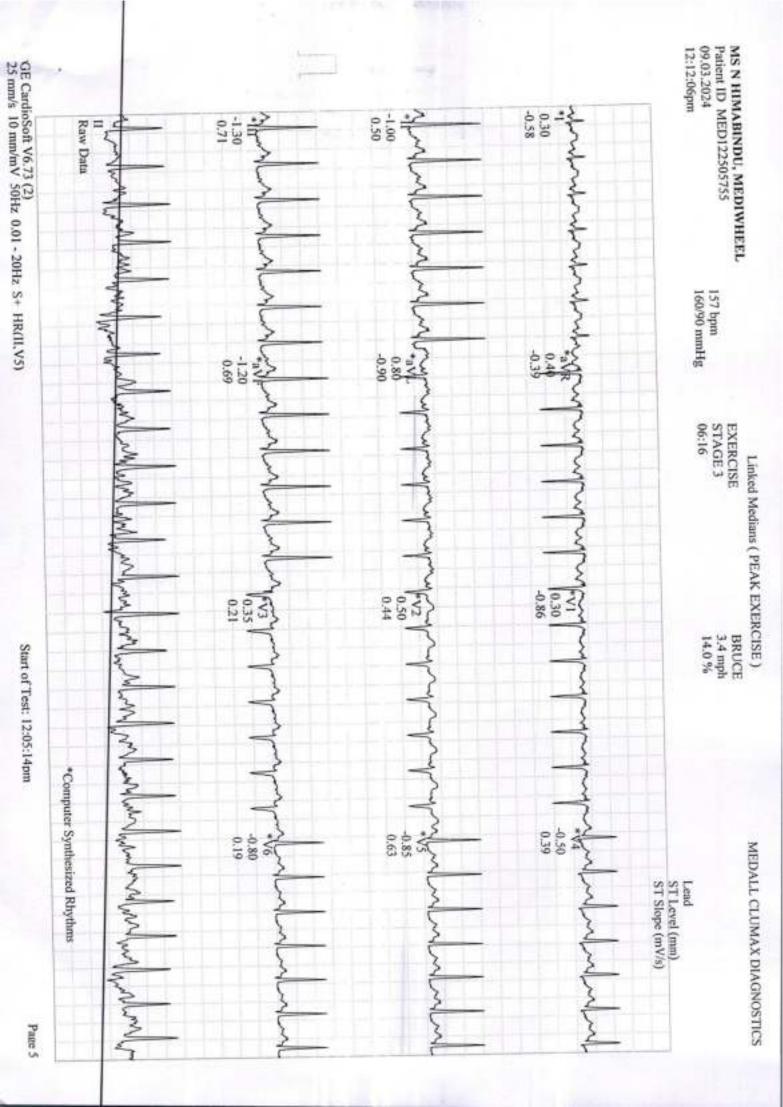
Page 2

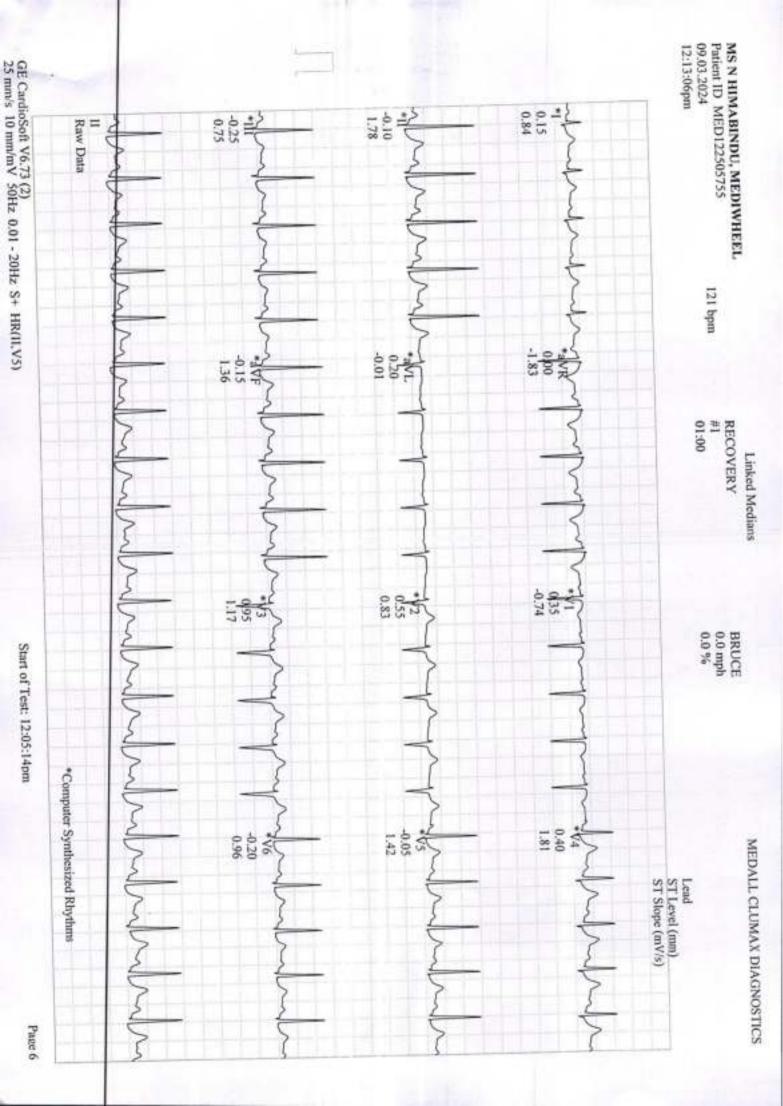


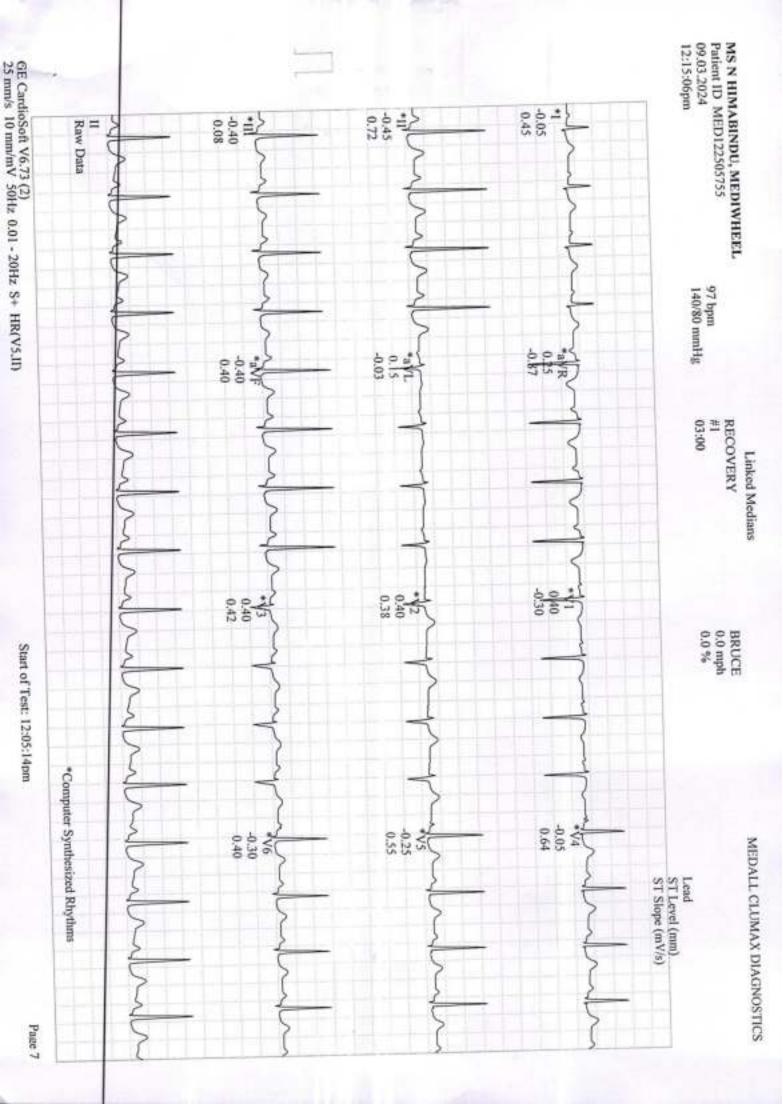


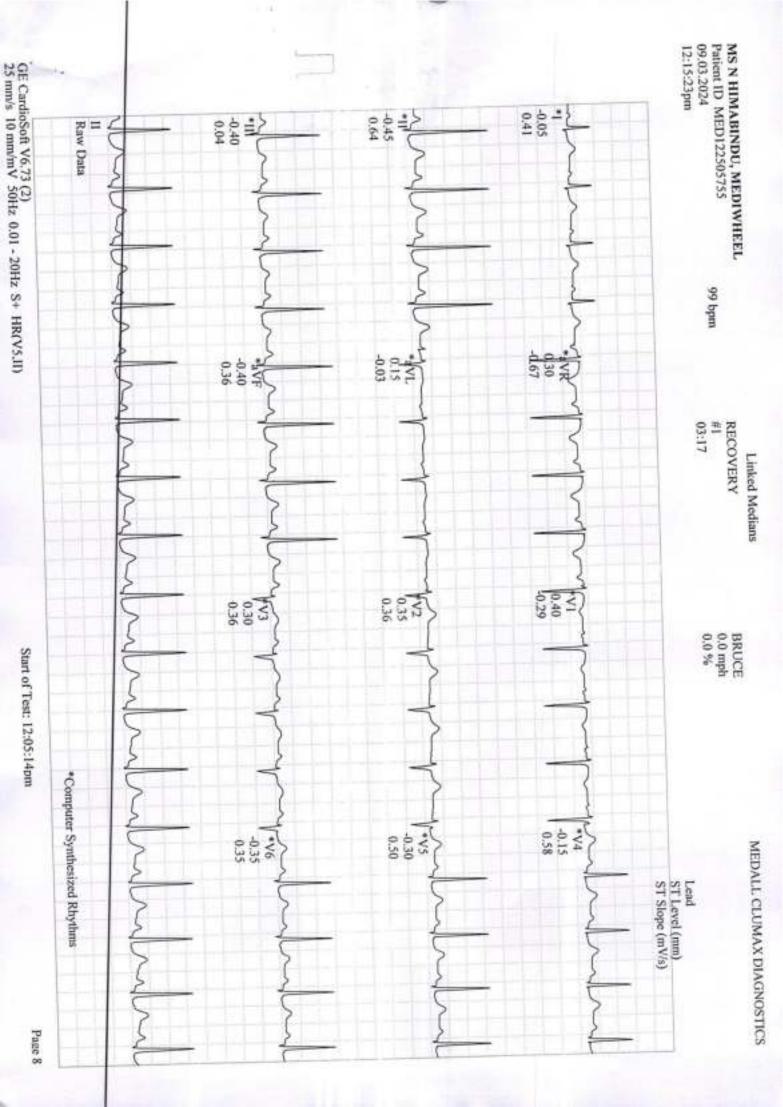












Name	Ms. N HIMABINDU	Customer ID	MED122505755
Age & Gender	35Y/F	Visit Date	Mar 8 2024 8:24AM
Ref Doctor	MediWheel		

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. Hemanandini Consultant Radiologist



OPTICAL STORE

#12 LAKSHMI NILAYA, GROUND FLOOR, 2ND MAIN ROAD, VYALIKAVAL, BENGALURU-560003 PH. 9611444957

Nam	e Himo	bindu
Age	35	birdu

Ph 7-204495940

Chief Complaints

RE/LE/DOV/Blurring / Burning / Itching / Pricking
Retness / Headache — Cil-

Past History

HIN -Ve

Asthama - Ve Others - N. 1~

Visual Acuity

		1	RE	L	E
Distar	nce / Near	5	12	6	12
With F	PH			1	
With (Glasses		-	-	

Colour Vision RE= Normal

		RE					
	SPH	CYL	AXIS	SPH	CYL	AXIS	
Distance	4.50	+0.75	140.6	6H.50	_	_	6/6
Near							

Advise

Ravi Kumar H.L.



Patient Name	N HIMABINOU	Date	08/03/2024
Age	35978	Visit Number	522403914
Sex	Female	Corporate	medi wheel

GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height:

cms

Weight:

kgs

Pulse: 80

/minute

Blood Pressure : 130 20

mm of Hg

BNI -: 27 -47

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration :

cms

Inspiration :

cms

Abdomen Mic surement :

Eyes: for hylle

Neck nodes: NOF palpable.

CVS: S.S.D

CNS: Contion of muter

RS: OIL NURCE

SONT, RE@

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES NO

DT. RITESH RAJ, MBBS eral Physician & Diabetologies 10.10 Reg No; 85875

CI UMAX DIAGNOSTICS

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