

## MEDALL CLUMAX DIAGNOSTICS

<i>Customer Name</i>	<i>Mrs D. Bhavani Devi</i>	<i>Customer ID</i>	<i>MED 112110386</i>
<i>Age &amp; Gender</i>	<i>39yrs / Female</i>	<i>Visit Date</i>	<i>09/03/2024</i>

### Eye Screening

With spectacles / without  spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	<i>NG</i>	<i>NG</i>
Distance Vision	<i>6/6</i>	<i>6/6</i>
Colour Vision	<i>(N)</i>	<i>(N)</i>

Observation / Comments:

*Normal vision  
no comments*




39 Years Female

QRS : 72 ms  
QT / QTcBaz : 374 / 415 ms  
PR : 138 ms  
P : 104 ms  
RR / PP : 806 / 810 ms  
P / QRS / T : 74 / 87 / 50 degrees

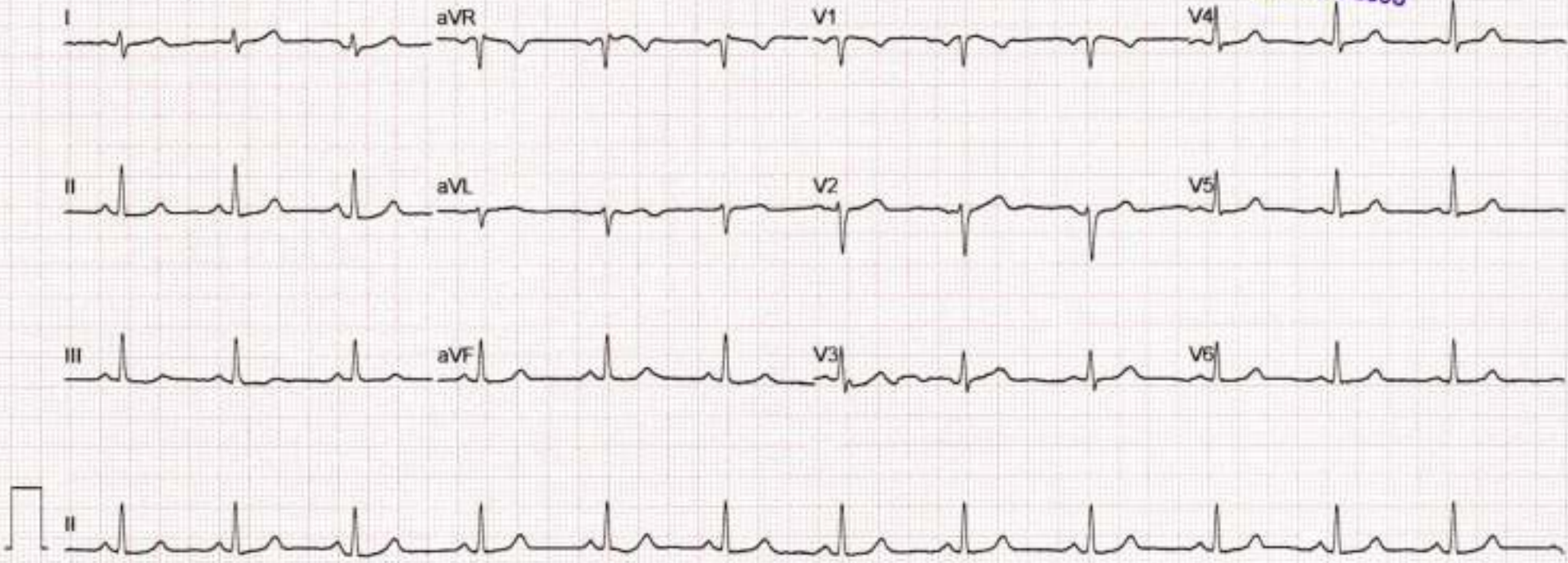


Technician: MEGHA  
Ordering Ph:   
Referring Ph: MEDIWHEEL  
Attending Ph:   
*[Signature]*

(Needs Clinical Correlation  
for further Management)

*[Signature]*

**Dr. Ramnareesh Soudri**  
MD, DM (Cardiology) FSCAI  
Interventional Cardiologist  
KMC Reg. No: 81603



Referred by: MEDIWHEEL  
Test Ind: IHD SCREENING



BRCCR  
Total Exercise time: 8:09  
25.0 mm/s  
10.0 mm/mV  
100Hz  
Max HR: 150bpm 71% of max predicted 151bpm  
Max BP: 130/80  
Maximum workload: 101METS  
Reason for Termination  
Comments: GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE  
NO ANGINA / ARRHYTHMIA  
NO SIGNIFICANT ST CHANGES NOTED DURING EXERCISE  
EMP STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHEMIA  
\*\*\*NEEDS CLINICAL CORRELATION AND FURTHER MANAGEMENT\*\*\*  
\*\*\*DR RAMNARESH S MD DM CARDIOLOGIST\*\*\*

Phase	Name	Stage	Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	SpP (x100)
PRETEST		SLPINE		1:15	**	**	1.0	76	129/80	91
EXERCISE		STAGE 1		3:00	1.7	10.0	4.8	116	150/80	139
		STAGE 2		3:00	2.5	12.0	7.0	137	150/80	161
		STAGE 3		2:09	3.4	14.0	10.1	158	130/80	205
RECOVERY		Post		3:04	**	**	1.0	79	120/80	95

*[Handwritten signature]*

**Dr. Ramnaresh Soudh**  
MD, DM (Cardiology), FCCAI  
Interventional Cardiologist  
KMC Reg. No: 81603

Referred by: MEDIRHEEL  
Test no: IHD SCREENING

NO ANGINA / ARRHYTHMIA  
NO SIGNIFICANT ST CHANGES NOTED DURING EXERCISE  
IMP-STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHEMIA  
\*\*\*NEEDS CLINICAL CORRELATION AND FURTHER MANAGEMENT\*\*\*  
\*\*\*DR RAMNARESH S MD/DM CARDIOLOGIST\*\*\*

BRUCE  
Total Exercise time: 8:09  
Maximum workload: 10 METS  
Max HR: 158bpm 87% of max predicted 151bpm  
Max BP: 130/80  
Reason for Termination:  
Comments: GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE

BASELINE  
EXERCISE  
RECOVERY  
TEST END  
76bpm  
111bpm  
BP: 120/80

MAX ST  
RECOVERY  
TEST END  
76bpm  
111bpm  
BP: 130/80

PEAK  
EXERCISE  
RECOVERY  
TEST END  
158bpm  
158bpm  
BP: 130/80

TEST END  
RECOVERY  
76bpm  
29bpm  
BP: 120/80

BASELINE  
EXERCISE  
RECOVERY  
TEST END  
76bpm  
29bpm  
BP: 120/80

MAX ST  
RECOVERY  
TEST END  
111bpm  
111bpm  
BP: 130/80

PRAX  
EXERCISE  
RECOVERY  
TEST END  
158bpm  
158bpm  
BP: 130/80

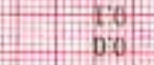
TEST END  
RECOVERY  
79bpm  
19bpm  
BP: 120/80



1 1.1 0.5



1.1 0.7



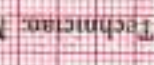
0.0 0.1



-1.1 -1.6



0.4 -0.5



0.4 0.5



1 0.4 0.4



2.2 3.1



0.8 0.8



-0.5 -0.3



-1.0 -2.4



0.8 1.3



1 0.3 0.8



1.5 4.1



0.5 0.6



-0.4 -1.9



0.2 0.2



0.7 1.8



1 0.5 0.0



0.3 0.4



-0.1 0.0



-0.6 -0.8



0.3 0.3



0.1 0.4



1 0.8 0.9



0.3 0.5



0.4 0.4



0.6 0.6



0.7 0.7



0.3 0.3



1 -0.6 -2.1



-1.2 -1.8



0.7 0.7



1.3 1.9



1.5 1.8



2.2 2.2



1 -0.5 -2.5



0.2 0.7



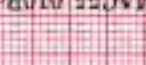
0.7 0.7



1.2 1.3



1.2 1.2



2.6 2.6



1 -0.2 -0.6



0.2 0.2



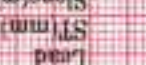
0.4 0.4



0.4 0.4



0.5 0.5



0.4 0.4

Technician: MRGHA

CLIMAX DIAGNOSTICS

Uncontrolled

MAC55 010Bsp1

Load  
ST(mm)  
Slope(mV/s)

ID: 112110386

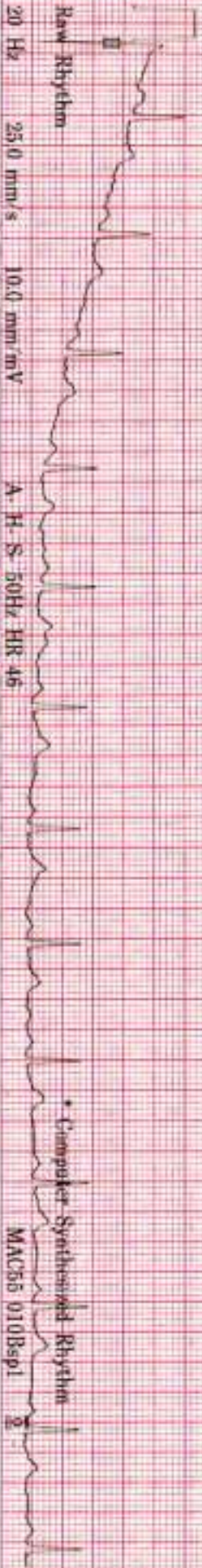
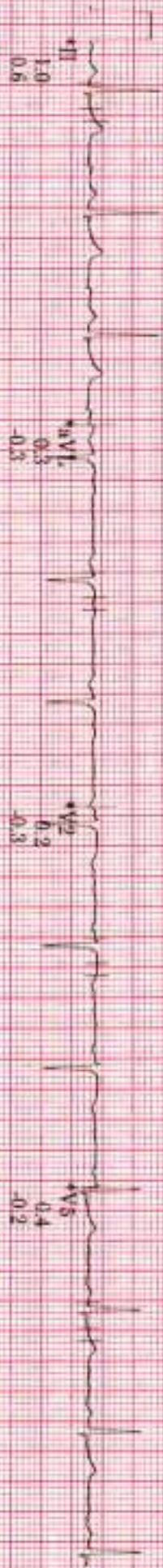
9-Mar-2024  
10:24:05

75 bpm  
BP: 120/80  
ST @ 10mm/mV  
80ms paper

PRETEST  
SUIP/NR  
6:56

BRUCE  
\*\* \* mph  
\*\* \* %

Lead  
ST(mv)  
Slope(mV/s)



Raw Rhythm  
20 Hz  
25.0 mm/s  
10.0 mm/mV  
A. H. S. 50Hz HR 46  
Computer Synthesized Rhythm  
MAC55 010Bsp1

ID: 112110386

9 Mar 2024  
10:27:14

113bpm

BP: 120/80

EXERCISE  
STAGE 1

2.51

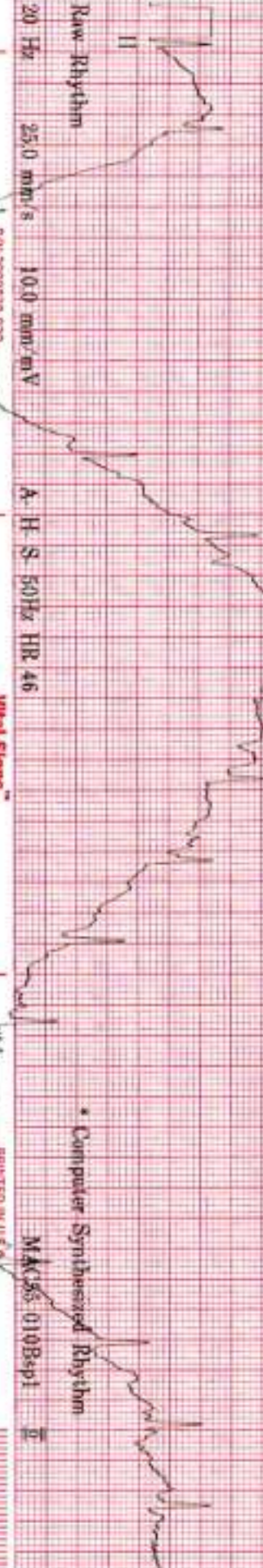
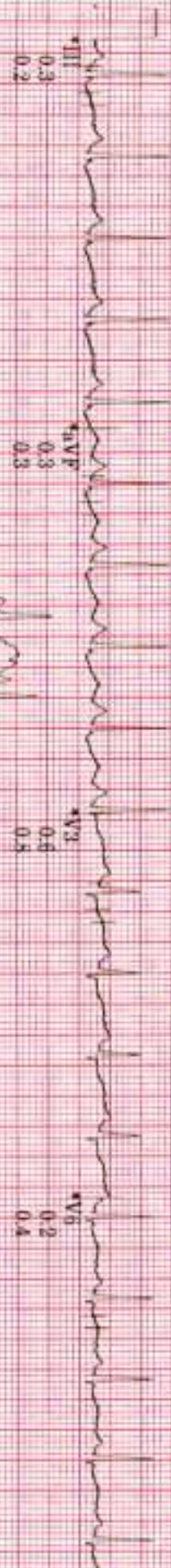
BRUCE

1.7 mph

10.0%

ST @ 10mm/mV  
80ms postd

Lead  
ST(mv)  
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46  
 What Signs™ Private M USA  
 Computer Synthesized Rhythm  
 MAK55 010Bsp1

ID: 112110386

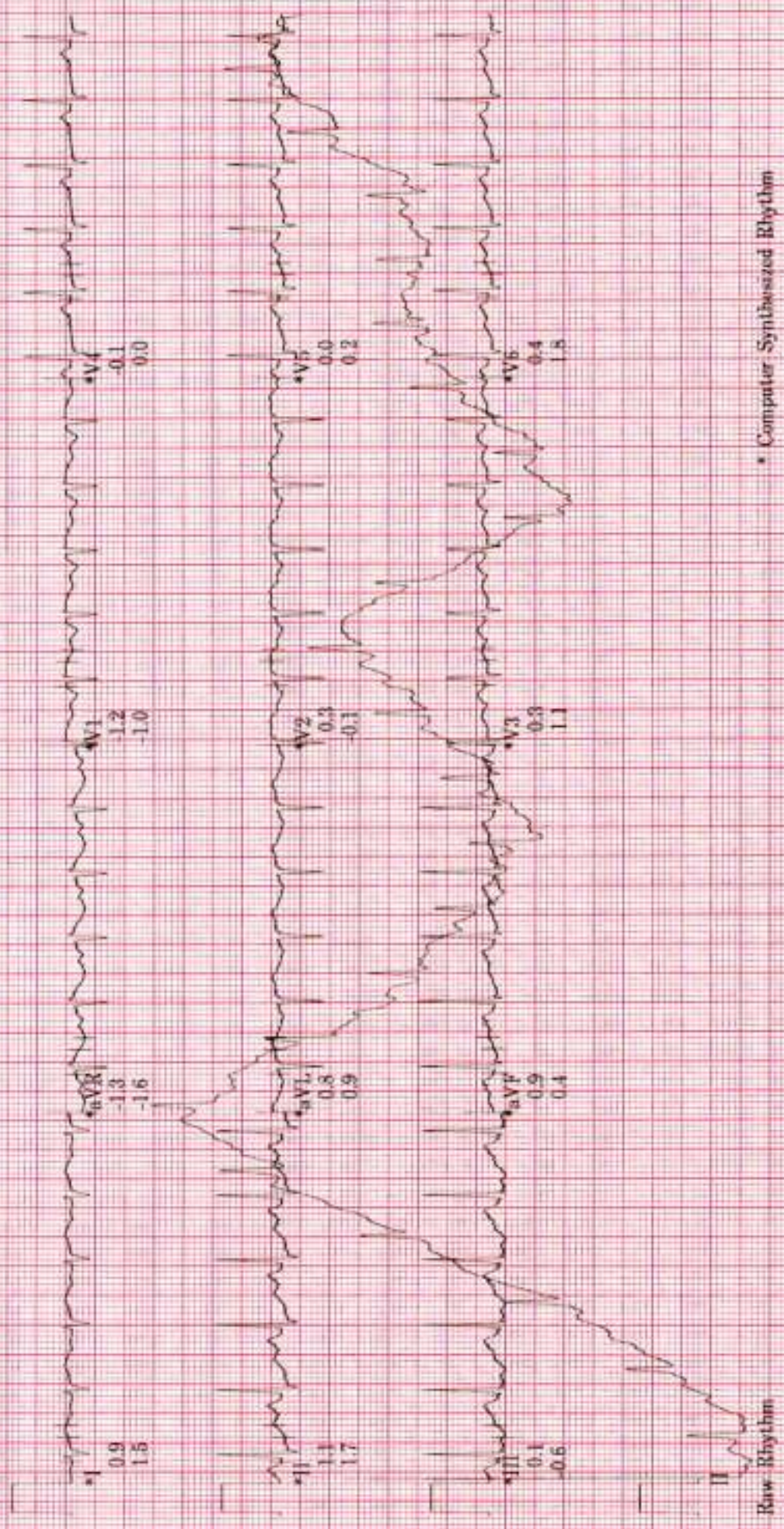
9-Mar-2024  
10:30:14

136bpm  
BP: 120/80  
ST @ 10mm/mV  
80ms post

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010R-sp1

ID: 112110396

9-Mar-2024  
19:32:34

136bpm

Bp 130/80

EXERCISE  
STAGE 3

8:09

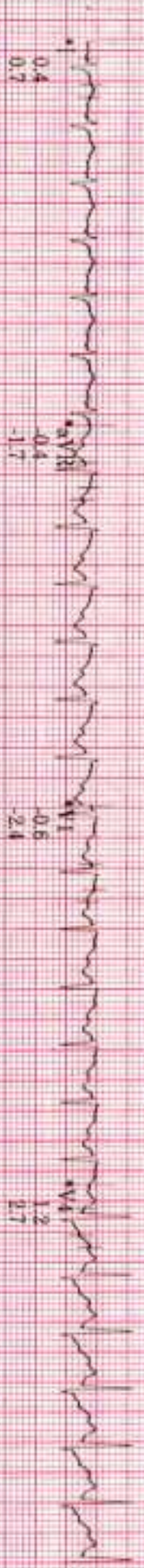
BRUCE

3-4mph

14.0%

ST @ 10mm/mV  
80ms post

Lead  
ST (mm)  
Slope (mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

Rose Rhythm  
Computer Synthesized Rhythm  
MAC55 0108p1



ID: 112110386

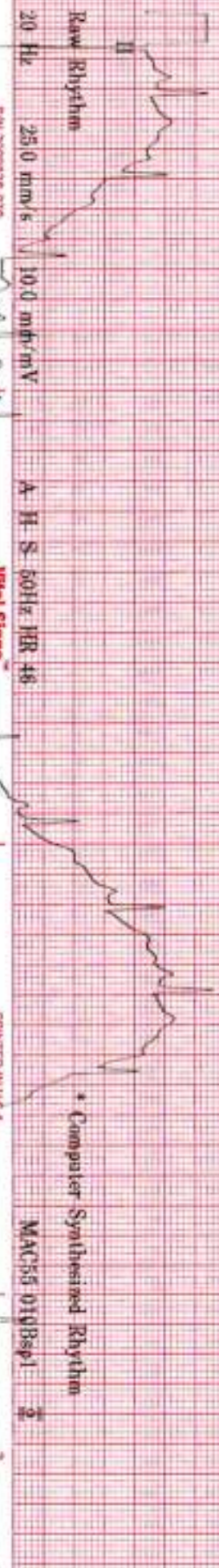
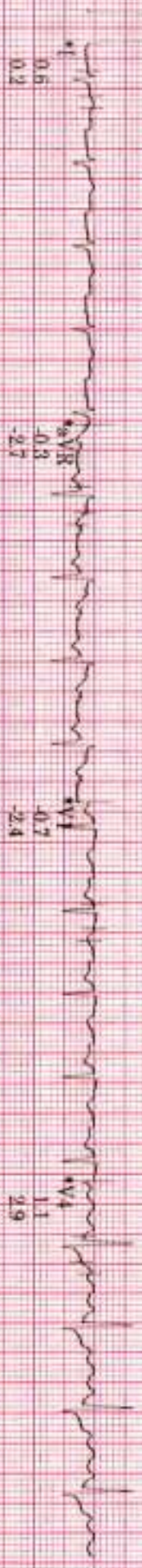
9-Mar-2024  
10:33:33

109bpm  
BP: 130/80  
ST @ 10mm/mV  
80ms/pixel

RECOVERY  
Prel  
1.00

RRUCK  
\*\* \* mph  
\*\* \* g

Lead  
ST (mm)  
Slope (mV/s)



ID: 112110586

9-Mar-2021  
10:35:33

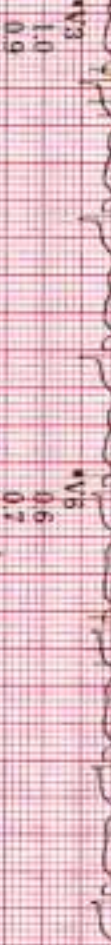
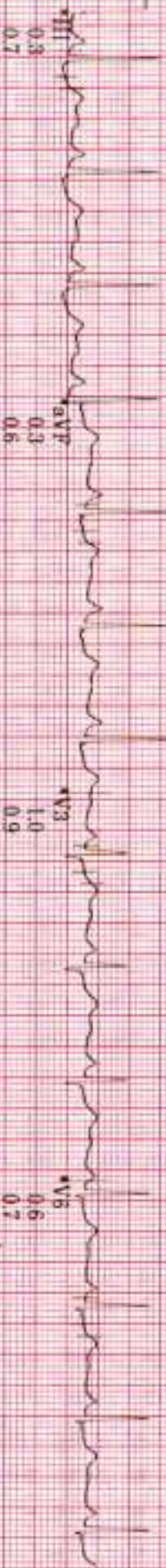
82bpm  
BP 120/80

RECOVERY  
Post  
3:00

BRUCE  
\*\* \*mph  
\*\* \*%g

ST @ 10mm/mV  
30ms post

Lead  
ST(mm)  
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A. H. S. 50Hz HR 46

Computer Synthesized Rhythm  
MAC55 010Bsp1

ID: 112110386

9-Mar-2024  
10:37:38

79bpm

BP: 120/80

ST @ 10mm/mV  
40ms/paper

RECOVERY  
Post

5:00

HR: 79  
RR: 16

PR: 160  
QT: 380  
QTc: 38

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

Computer Synthesized Rhythm  
MAC55 010Bsp1

II

Name	Ms. D Bhavani Devi	Customer ID	MED112110386
Age & Gender	39Y/F	Visit Date	Mar 9 2024 9:01AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

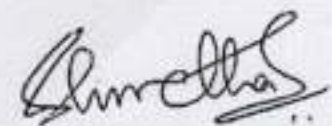
Cardiac size is within normal limits.

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



<b>Name</b>	<b>MS.D BHAVANI DEVI</b>	<b>ID</b>	<b>MED112110386</b>
<b>Age &amp; Gender</b>	<b>39Y/FEMALE</b>	<b>Visit Date</b>	<b>09/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### 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.

No demonstrable Para -aortic lymphadenopathy.

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

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.6
Left Kidney	9.8	1.4

**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 – 11.3mms.

Uterus measures as follows:

LS: 8.9cms    AP: 4.1cms    TS: 5.7cms.

..2



Name	MS.D BHAVANI DEVI	ID	MED112110386
Age & Gender	39Y/FEMALE	Visit Date	09/03/2024
Ref Doctor	MediWheel		

:2:

**OVARIES** are normal size, shape and echotexture

**Left ovary shows a dominant follicle measuring 21 x 20mm.**

Ovaries measures as follows:

Right ovary: 3.8 x 1.6cms.

Left ovary: 4.0 x 2.6cms.

POD & adnexa are free.

No evidence of ascites.

**Impression: No significant abnormality detected.**

**Sugg: Clinical correlation.**

  
**DR. GEETHA PRIYADARSHINI.T**  
**CONSULTANT RADIOLOGIST**

Gp/d



Clumax Diagnostic and Research Centre Pvt. Ltd.  
68/150/3, Sri Lakshmi Towers

Name	MS.D BHAVANI DEVI	ID	MED112110386
Age & Gender	39Y/FEMALE	Visit Date	09/03/2024
Ref Doctor	MediWheel		



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Clumax Diagnostic and Research Centre Pvt. Ltd.  
68/150/3, Sri Lakshmi Towers

<b>Name</b>	<b>MS.D BHAVANI DEVI</b>	<b>ID</b>	<b>MED112110386</b>
<b>Age &amp; Gender</b>	<b>39Y/FEMALE</b>	<b>Visit Date</b>	<b>09/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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Name : Ms. D Bhavani Devi

PID No. : MED112110386

Register On : 09/03/2024 9:02 AM

SID No. : 924006478

Collection On : 09/03/2024 9:29 AM

Age / Sex : 39 Year(s) / Female

Report On : 09/03/2024 5:21 PM

Type : OP

Printed On : 10/03/2024 10:07 AM

Ref. Dr : MediWheel

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

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.2	%	37 - 47
RBC Count (EDTA Blood)	4.63	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.8	g/dL	32 - 36
RDW-CV (EDTA Blood)	12.9	%	11.5 - 16.0
RDW-SD (EDTA Blood)	<b>38.20</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	49.1	%	40 - 75
Lymphocytes (EDTA Blood)	37.4	%	20 - 45
Eosinophils (EDTA Blood)	3.8	%	01 - 06
Monocytes (EDTA Blood)	8.8	%	01 - 10



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (EDTA Blood)	0.9	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.14	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.39	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.24	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.56	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	240	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	9.1	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	14	mm/hr	< 20



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

APPROVED BY

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**Ref. Dr** : MediWheel

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

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	80.64	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	<b>68.37</b>	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/Urease UV / derived)	8.6	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.65	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.79	mg/dL	2.6 - 6.0
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**Dr Anusha.K.S**  
 Sr. Consultant Pathologist  
 Reg No : 100674

**APPROVED BY**

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

## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.27	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.72	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	29.23	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>44.58</b>	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.0	U/L	42 - 98
Total Protein (Serum/Biuret)	6.58	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.24	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.34	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.81		1.1 - 2.2



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

APPROVED BY

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**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	208.93	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	75.65	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)	57.05	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	136.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	151.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



  
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 Sr.Consultant Pathologist  
 Reg No : 100674  
**APPROVED BY**

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**SID No.** : 924006478      **Collection On** : 09/03/2024 9:29 AM  
**Age / Sex** : 39 Year(s) / Female      **Report On** : 09/03/2024 5:21 PM  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**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)	<b>3.7</b>		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)	<b>1.3</b>		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)	<b>2.4</b>		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.3	%	Normal: 4.5 - 5.6 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      105.41      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 glycemc 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.



  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	13.03		6.0 - 22.0



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**IMMUNOASSAY**

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.41	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)	9.19	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)	1.73	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.



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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION (URINE COMPLETE)**

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.003		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



  
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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+++)		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	10-15	/hpf	NIL
Epithelial Cells (Urine)	15-20	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	Bacteria Present		

**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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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Positive'



*Anusha*  
Dr Anusha.K.S  
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APPROVED BY

-- End of Report --

Name	MS.D BHAVANI DEVI	ID	MED112110386
Age & Gender	39Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	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.

No demonstrable Para -aortic lymphadenopathy.

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

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.6
Left Kidney	9.8	1.4

**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 - 11.3mms.  
Uterus measures as follows:  
LS: 8.9cms      AP: 4.1cms      TS: 5.7cms.

..2

Name	MS.D BHAVANI DEVI	ID	MED112110386
Age & Gender	39Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		

:2:

**OVARIES** are normal size, shape and echotexture  
**Left ovary shows a dominant follicle measuring 21 x 20mm.**

Ovaries measures as follows:

Right ovary: 3.8 x 1.6cms.

Left ovary: 4.0 x 2.6cms.

POD & adnexa are free.

No evidence of ascites.

***Impression: No significant abnormality detected.***

***Sugg: Clinical correlation.***

**DR. GEETHA PRIYADARSHINI.T**  
**CONSULTANT RADIOLOGIST**  
*Gp/d*

Name	Ms. D Bhavani Devi	Customer ID	MED112110386
Age & Gender	39Y/F	Visit Date	Mar 9 2024 9:01AM
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