

GSTIN : 29AACCD7912K1ZD

Invoice Cum Receipt

Aster
CMI HOSPITAL
Well Treat You Well

Bili No : **OP7/CA24/136972**

Aster ID : **700470973**

Patient Name : Mrs. K VIJAYALAKSHMI

Payer : SELF-ACMI

GSTIN :

Bill Date : 09/08/2023 09:21

Gender/Age : Female/46 Yr 7 Mth

Contact No : 9845875522

State Code 29

Presc. Doctor : Dr. WELLNESS CONSULTANT

Referred By : Self

Patient Address : 6116 PRESTIGE ROYALE GARDEN
AVALAHALLI DODDABALLAPUR RD
YELAHANKA, , Bangalore, Karnataka,
India

Payer Address :

Sl	SrCode	SAC Service Particulars	Rate (₹)	Unit	Total	Concess ion	Net Amt	Pat Amt	Payer Amt
1	OPP-HCU-01453	ASTER CMI - WELL FEMALE ()	7500.00	1	7500.00	0.00	7500.00	7500.00	0.00

Total Amount								7500.00	

Net Amount								7500.00	

Payer Amount								0.00	

Patient Amount								7500.00	

Amt Received								7500.00	

By Cash: 7500.00

Received from Mrs. K VIJAYALAKSHMI, an amount of (INR) Seven Thousand Five Hundred Only

(SWETHA N)

(Signature)

Printed By: 184735

Prepared By: SWETHA N



An Aster
DM Healthcare
Venture

Aster CMI Hospital No. 43/2, New Airport Road NH 7, Dr
Puneeth Rajkumar Rd, Sahakar Nagar, Bengaluru,
Karnataka 560092

For Appointment- 080-43420100
For Emergency- 91-80-46474647

Note:- One complementary follow up shall be given within 7 working days. This is not applicable in certain specialities CGHS & Corporate customers.
Aster CMI has extended OPD hours, Evenings/Sundays & Public holidays too evenings 4pm - 8pm, sunday & holidays 9:00am - 1:30pm.



Aster CMI HOSPITAL

Patient Information

Name: K VIJAYALAKSHMI
 ID: 700470973
 Age: 46
 Height: 155 cm
 Weight: 56 kg
 Gender: Female
 Ethnicity: INDIAN (+)
 Asthma: --
 Smoker: --

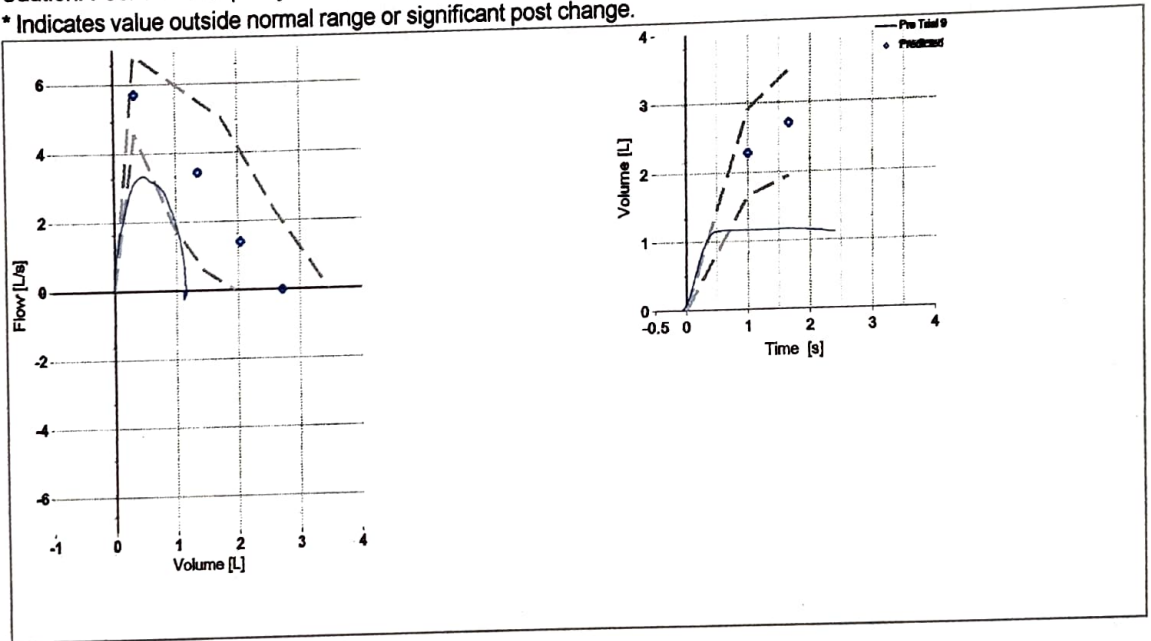
Test Type: FVL (ex/in)
 Test Date: 8/9/2023 11:09:06 AM
 Interpretation: GOLD(2008)/Hardie
 Predicted: Knudson, 1983 * 0.93
 Value Selection: Best Trial
 BMI: 23.3
 Ref Physician: Wellness Consultant
 Physician: Dr.Sunil Kumar, K

Parameter	Pred	Pre Best		%Pred
		LLN	Trial 9	
FVC [L]	2.71	1.95	1.17*	43
FEV1 [L]	2.29	1.66	1.16*	51
FEV1/FVC [%]	84.2	72.3	98.9	117
FEF25-75 [L/s]	2.78	1.58	3.10	111
PEF [L/s]	5.71	-	3.36	59
FET [s]	-	-	1.7	-
FIVG [L]	2.71	1.95	0.39*	14
PIF [L/s]	-	-	1.19	-

System Interpretation: Pre Restriction probable; further examination recommended

Caution: Poor session quality. Interpret with care

* Indicates value outside normal range or significant post change.



Last Reviewer

DATE 8/9/2023

Dr.Sunil Kumar, k (Consultant Pulmonologist)

Custom report
Aster CMI Hospital

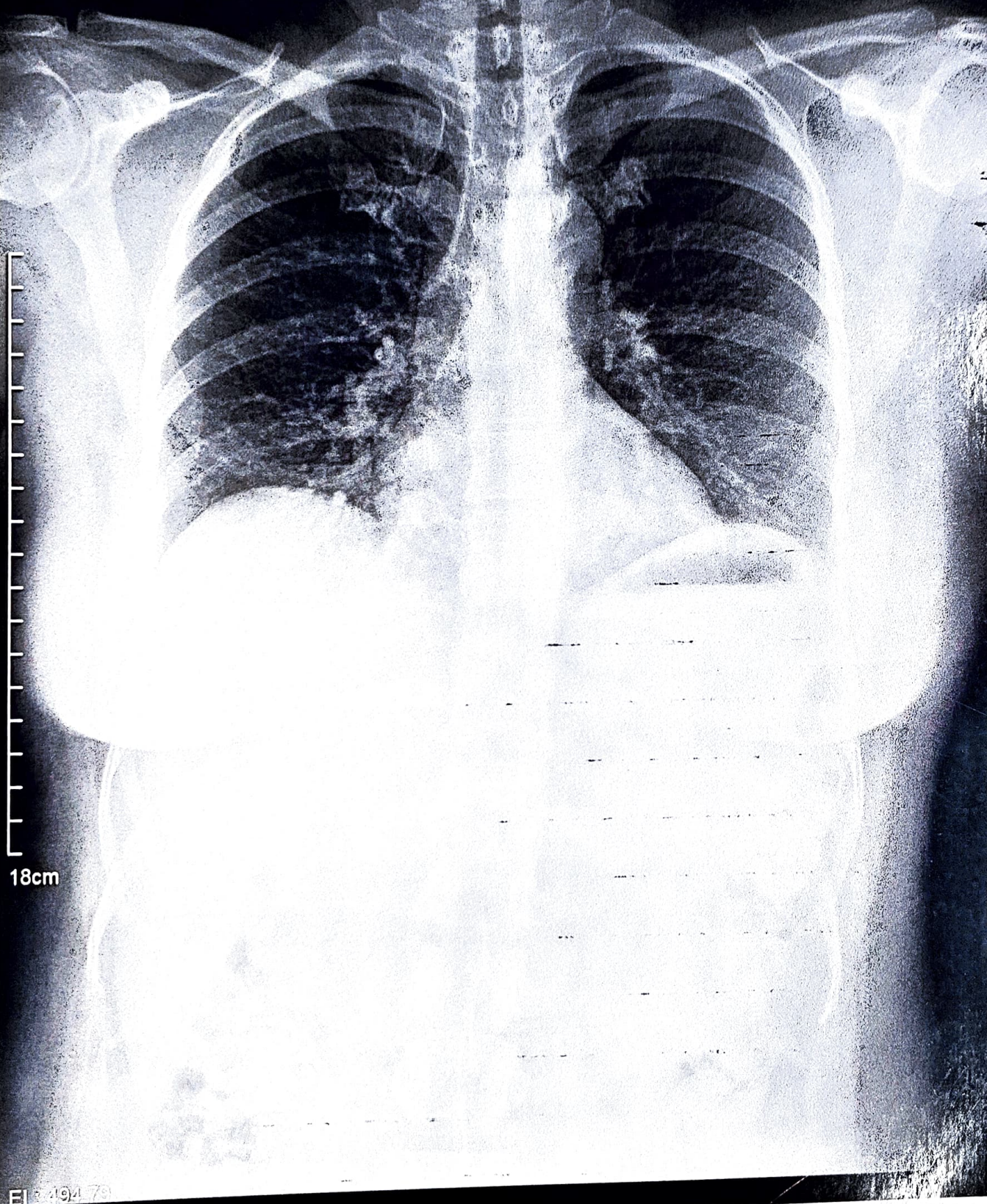




Name : VIJAYALAKSHMI K
ID : 700470973
Age : 46
Sex : Female

R

Study :
Institution : ASTER CMI HOSPITAL
Acq. Date : 08/09/2023 AM 10:36



18cm

EI 194 79



TEST REPORT

Lab. Id	: CM70608557	Hosp. UHID	: 700470973	Reg. Date	: 09-Aug-2023 / 11:22 AM
Name	: MRS. K VIJAYALAKSHMI			Collection	: 09-Aug-2023 / 11:26 AM
Age/Gender	: 46Y-7M-7D / Female			Received	: 09-Aug-2023 / 11:30 AM
Collected At	: Aster CMI Hospital			Report	: 09-Aug-2023 / 13:05 PM
Referral Dr	: Dr.WELLNESS CONSULTANT			Print	: 09-Aug-2023 / 13:14 PM
Report Status	: Final				
Bed	: OPD				

Clinical Pathology


Investigation	Result	Unit	Biological Ref. Interval	Specimen
URINE ROUTINE EXAMINATION				
PHYSICAL EXAMINATION				
Color Method:Manual	Pale yellow		Pale Yellow	Spot urine
pH-Urine Method:Methyl Red and Bromothymol blue	6.0		4.5 - 8.0	Spot urine
Specific Gravity Urine Method:Chemical Indicator	1.003		1.001-1.030	Spot urine
Transparency Method:Manual	Clear		Clear	Spot urine
CHEMICAL EXAMINATION				
Proteins Method:Tetrabromophenol blue	Nil		Negative	Spot urine
Glucose Method:Emzyme (GOD POD)	Nil		Negative	Spot urine
Ketones Method:Legals Test	Absent		Absent	Spot urine
Blood Method:Peroxidase	Negative		Negative	Spot urine
Bilirubin Method:Diazonium Salt	Negative		Negative	Spot urine
Urobilinogen Method:Diazonium Salt	Normal		Normal	Spot urine
Nitrite Method:Griess Test	Negative		Negative	Spot urine
MICROSCOPIC EXAMINATION				
Pus cells Method:Microscopy/Flowcytometry	0	/hpf	0-5	Spot urine
RBC Method:Microscopy/Flowcytometry	1	/hpf	0-2	Spot urine
Epithelial Cells Method:Microscopy/Flowcytometry	1	/hpf	0-5	Spot urine
Casts Method:Microscopy	Not seen		Absent	Spot urine
Crystals Method:Microscopy	Not seen		Absent	Spot urine
Bacteria Method:Microscopy/Flowcytometry	27		0-50	Spot urine
Yeast Cells Method:Microscopy	Not seen		Absent	Spot urine



TEST REPORT

Lab. Id	: CM70608557	Hosp. UHID	: 700470973	Reg. Date	: 09-Aug-2023 / 11:22 AM
Name	: MRS. K VIJAYALAKSHMI	Collection	:	Received	:
Age/Gender	: 46Y-7M-7D / Female	Report	:	Print	:
Collected At	: Aster CMI Hospital				
Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	:		
Bed	: OPD				

Verified By: 100769


Dr. Uma D B
MBBS, MD PATHOLOGY
Consultant Pathologist

--- End Of Report ---

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- Test results are not valid for medico legal purposes.
- The courts/forum at Cochin/Bangalore shall have exclusive Jurisdiction in all disputes/claims concerning the request and/or result of test(s).
- Contact customer care 9680396803 for all queries related to test results

Patient/Client is advised to contact the laboratory immediately, for any possible remedial action, If test result is alarming or unexpected



TEST REPORT

Lab. Id	: CM70608556	Hosp. UHID	: 700470973	Reg. Date	: 09-Aug-2023 / 10:02 AM
Name	: MRS. K VIJAYALAKSHMI	Collection	: 09-Aug-2023 / 10:05 AM	Received	: 09-Aug-2023 / 10:17 AM
Age/Gender	: 46Y-7M-7D / Female	Report	: 09-Aug-2023 / 11:48 AM	Print	: 09-Aug-2023 / 13:14 PM
Collected At	: Aster CMI Hospital	Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Final
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
GLUCOSE, FASTING (F) Method:Hexokinase	92	mg/dl	70-100	Fluoride Plasma (F)

Comments:

Glucose is a simple sugar(monosaccharide) obtained by breakdown of carbohydrates. It is the main source of energy in the body. This test measures glucose levels in the blood after 8-12 hrs of fasting.

Clinical uses:

1. Diagnosis and monitoring of Diabetes(hyperglycemia)
2. Diagnosis and monitoring of Hypoglycemia
3. Diagnosis of some endocrinal disorders

High levels are seen in:

1. Diabetes - Type 1 and 2
2. Gestational Diabetes
3. Stress, surgery
4. Endocrinal disorders - Hyperthyroidism, Hypercortisolism
5. Pancreatic disorders - Pancreatitis, Glucagonoma
6. Drugs such as steroids, Hydrocortisone

Low levels are seen in:

1. Insulinoma
2. Overdose of Anti diabetic drugs & Insulin
3. Starvation
4. Endocrinal disorders - Hypothyroidism, Hypopituitarism, Addison's disease
5. Chronic kidney and liver disorders

Pavana A

Dr. Pavana A
MBBS, MD BIOCHEMISTRY
Consultant Biochemist

--- End Of Report ---

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Name	: MRS. K VIJAYALAKSHMI	Collection	: 09-Aug-2023 / 10:05 AM	Received	: 09-Aug-2023 / 10:17 AM
Age/Gender	: 46Y-7M-7D / Female	Report	: 09-Aug-2023 / 11:31 AM	Print	: 09-Aug-2023 / 13:14 PM
Collected At	: Aster CMI Hospital	Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Final
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
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CREATININE	0.63	mg/dl	0.50-0.90	Serum
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Method:Jaffe

Comments:

Results of creatinine tests are interpreted along with BUN results, and with other tests results that may have been performed at the same time, such as a renal panel. BUN and creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

High levels are seen in:

- 1.Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infection or autoimmune diseases
- 2.Bacterial infection of the kidneys (pyelonephritis)
- 3.Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins
- 4.Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stone
- 5.Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes

Low blood levels of creatinine are seen in:

- 1.Decreased muscle mass - Muscular dystrophy, old age
- 2.Severe liver & kidney diseases
- 3.Prolonged low protein diet

URIC ACID

1.1

mg/dl

2.4-5.7

Serum

Method:Uricase

High levels (Hyperuricemia):

- Gout
- Kidney stones
- Chemotherapy
- Food items like dried beans, fishes like anchovies, mackerel
- Some herbal medications

Decreased in

- Drugs like high doses of Salicylates, probenecid, Cortisone, allopurinol
- Wilson Disease
- Fanconi syndrome
- Decreased in approximately 5% of hospitalized patients; most common causes are postoperative state (GI surgery, coronary artery bypass).

Limitations: A purine -rich diet (Liver, Kidney, Sweetbread) as well as severe exercise, increases Uric acid values

THYROID STIMULATING HORMONE

THYROID STIMULATING HORMONE (TSH)	0.620	μU/mL	0.27-4.20	Serum
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Method:ECLIA



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Bed	: OPD				

Comments: The thyroid-stimulating hormone (TSH) test is often the test of choice for initially evaluating thyroid function and/or symptoms of a thyroid disorder, including overactive or underactive thyroid (hyperthyroidism or hypothyroidism).

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

Factors such as Stress, sleep deprivation, dieting and different time of the menstrual cycle may impact the thyroid results.

The best way to avoid false fluctuations in lab test results is to have your thyroid levels checked under same conditions.

Pavana A

Dr. Pavana A
MBBS, MD BIOCHEMISTRY
Consultant Biochemist

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Name	: MRS. K VIJAYALAKSHMI	Collection	: 09-Aug-2023 / 10:05 AM	Received	: 09-Aug-2023 / 10:17 AM
Age/Gender	: 46Y-7M-7D / Female	Report	: 09-Aug-2023 / 11:31 AM	Print	: 09-Aug-2023 / 13:14 PM
Collected At	: Aster CMI Hospital	Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Final
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
LIPID PROFILE				
TOTAL CHOLESTEROL Method:CHOD-POD	170	mg/dl	Desirable: <200 Borderline-high: 200 - 239 High: >240	Serum
TRIGLYCERIDES Method:GPO-POD	75	mg/dl	Normal: <150 Borderline-high: 150 - 199 High: 200 - 499 Very high: >500	Serum
HDL CHOLESTEROL Method:Homogeneous enzymatic colorimetric assay	54.8	mg/dl	Desirable: >60 Borderline: 40 - 60 Low (High risk): <40	Serum
LDL CHOLESTEROL Method:Homogeneous enzymatic colorimetric assay	109	mg/dl	Optimal: <100 Near Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: >190	Serum
VLDL- Cholesterol	15	mg/dl	<30	Serum
TOTAL CHOLESTEROL/HDLC RATIO Method:Calculated	3.1		0-6	Serum
LDLC/HDLC RATIO Method:Calculated	1.99		0-4	Serum

Comments:

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The lipid panel is used as part of a cardiac risk assessment to help determine your risk of heart disease and to help make decisions about what treatment may be best if you have borderline, intermediate or high risk.

The results of the lipid panel are considered along with other known risk factors of heart disease to develop a plan of treatment and follow up. Depending on the results and other risk factors, treatment options may involve lifestyle changes such as diet and exercise or medications that lower lipid levels, typically statins.

Additionally a lipid panel may be used to monitor whether treatment has been effective in lowering cholesterol levels.

NLA 2014-15 guidelines:

1. Non-HDL-C (calculated as total C - HDLC) represents the sum of cholesterol carried by all potentially atherogenic, apo B-containing lipoprotein particles, including LDL, IDL, Lp (a), VLDL (including VLDL remnants), and chylomicron particles and remnants.
2. An elevated level of cholesterol carried by circulating apolipoprotein (apo) B-containing lipoproteins (non- HDL-C and LDL-C, termed atherogenic cholesterol) is a root cause of atherosclerosis/ASCVD. HDL-C is responsible for lowering peripheral tissue cholesterol(reverse transport), intum reducing risk of ASCVD.
3. Apolipoprotein B, hsCRP, Lp(a) and LP-PLA2 testing should be considered in patients with moderate risk for ASCVD.
4. In all adults (>20 years of age), a fasting or nonfasting lipid profile should be obtained at least every 5 years. At a minimum, this should include total cholesterol and HDL-C, which allows calculation of non-HDL-C (total-C - HDL-C). If fasting (generally 9-12 hours), the LDL-C level may be calculated, provided that the triglyceride concentration is <400 mg/dL.
5. Apo B is considered an optional, secondary target for treatment. Epidemiologic studies have generally shown that both apo B and non-HDL-C are better predictors of ASCVD risk than LDL-C. Apo B and non-HDL-C share the advantage that neither requires fasting sample for accurate assessment.



TEST REPORT

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Name	: MRS. K VIJAYALAKSHMI	Collection	: 09-Aug-2023 / 10:05 AM	Received	: 09-Aug-2023 / 10:17 AM
Age/Gender	: 46Y-7M-7D / Female	Report	: 09-Aug-2023 / 11:31 AM	Print	: 09-Aug-2023 / 13:14 PM
Collected At	: Aster CMI Hospital	Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Final
Bed	: OPD				

6. Elevated triglyceride level is not a target of therapy per se, except when very high (>500 mg/dL). When triglycerides are between 200 and 499 mg/dL, the targets of therapy are non-HDL-C and LDL-C. When triglycerides are very high (>500 mg/dL, and especially if >1000 mg/dL), reduction to <500 mg/dL to prevent pancreatitis becomes the primary goal of therapy.

7. Lifestyle therapies for ASCVD risk reduction generally include interventions aimed at (1) dietary modifications (2) reducing total energy intake to lower body weight and adiposity for those who are overweight or obese; (3) exercise (4) improving risk factors associated with the metabolic syndrome (adiposity, dyslipidemia, high blood pressure, and elevated plasma glucose); and (5) ceasing tobacco use.

Pavana A

Dr. Pavana A
MBBS, MD BIOCHEMISTRY
Consultant Biochemist

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Collected At	: Aster CMI Hospital	Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Final
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
LIVER FUNCTION TEST				
BILIRUBIN TOTAL Method:Diazo	0.35	mg/dl	0.3-1.2	Serum
BILIRUBIN DIRECT Method:Diazo	0.17	mg/dl	<0.2	Serum
BILIRUBIN INDIRECT	0.18	mg/dl	0.1 - 1.0	Serum
TOTAL PROTEIN Method:Biuret	7.2	g/dL	6.4-8.3	Serum
ALBUMIN Method:BCG	4.4	g/dL	3.97-4.94	Serum
GLOBULIN Method:Calculated	2.8	g/dL	2.0-3.5	Serum
A/G RATIO Method:Calculated	1.57		1.1-2.2	Serum
SGOT(AST) Method:UV without P5P	23	U/L	<32	Serum
SGPT (ALT) Method:UV without P5P	24	U/L	<33	Serum
GGT Method:SZASZ	15	U/L	<40	Serum
ALKALINE PHOSPHATASE Method:IFCC-PNPP With AMP Buffer	57	U/L	<98	Serum

Total Bilirubin in Neonates

Age	Premature (mg/dl)	Mature (mg/dl)
0-1 day	1.0-8.0	2.0-6.0
1-2 days	6.0-12.0	6.0-10.0
3-5 days	10.0-14.0	4.0-8.0

*Teitz 5th ed

ALP in paediatric age group

Reference range	IU/L
0-1 yr	150-350
1-16 yr	30-300

*Wallach 10th ed

Comments:

These are a panel of tests that help determine health of the liver by measuring the levels of proteins, liver enzymes and bilirubin in the blood. It helps the clinician in differentiating between pre-hepatic, hepatic and post-hepatic causes of some conditions exhibiting jaundice as a symptom. It is recommended in the following conditions:

1. To check for damage from liver infections (Hepatitis B, C etc)
2. To monitor the side effects of certain hepatotoxic drugs
3. To monitor effectiveness of treatment for liver diseases
4. If symptoms of liver or gall bladder conditions are seen (like jaundice, itchiness etc)
5. For certain medical conditions like diabetes, high triglycerides, anaemia etc



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Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Final	Print	: 09-Aug-2023 / 13:14 PM
Bed	: OPD				

6. In liver damage caused by heavy alcohol consumption.

Pavana A

Dr. Pavana A
MBBS, MD BIOCHEMISTRY
Consultant Biochemist

--- End Of Report ---

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Name	: MRS. K VIJAYALAKSHMI	Collection	: 09-Aug-2023 / 10:01 AM	Received	: 09-Aug-2023 / 10:11 AM
Age/Gender	: 46Y-7M-7D / Female	Report	: 09-Aug-2023 / 10:41 AM	Print	: 09-Aug-2023 / 13:15 PM
Collected At	: Aster CMI Hospital	Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Preliminary
Bed	: OPD				

Haematology

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
COMPLETE BLOOD COUNT				
RBC Parameters				
Haemoglobin Method:Photometry	12.6	gm/dl	11.5-15.0	K2EDTA WB
RBC Count Method:Coulter/Flowcytometry	4.21	mill/ul	3.8-4.8 mill/cmm	K2EDTA WB
PCV Method:Calculated	37.9	%	36-46	K2EDTA WB
MCV Method:Calculated	90.0	fl	83-101	K2EDTA WB
MCH Method:Calculated	29.9	pg	27-32	K2EDTA WB
MCHC Method:Calculated	33.2	g/dL	31.5-34.5	K2EDTA WB
RDW - CV Method:Calculated	13.6	%	11.6-14.0	K2EDTA WB
WBC Parameters				
Total WBC Count Method:Coulter/Flowcytometry	7.4	K/uL	4.0-10.0	K2EDTA WB
WBC Differential				
Neutrophils Method:VCSn/Cytochemical method	57.4	%	40-80	K2EDTA WB
Lymphocytes Method:VCSn/Cytochemical method	30.2	%	20-40	K2EDTA WB
Monocytes Method:VCSn/Cytochemical method	<u>10.7</u>	%	2-10	K2EDTA WB
Eosinophils Method:VCSn/Cytochemical method	1.3	%	1-6	K2EDTA WB
Basophils Method:VCSn/Cytochemical method	0.4	%	0-1	K2EDTA WB
Absolute Counts				
Absolute Neutrophils Method:Calculated	4.2	K/uL	2-7	K2EDTA WB
Absolute Lymphocytes Method:Calculated	2.2	K/uL	1-3	K2EDTA WB





TEST REPORT

Lab. Id	: CM70608555	Hosp. UHID	: 700470973	Reg. Date	: 09-Aug-2023 / 09:54 AM
Name	: MRS. K VIJAYALAKSHMI			Collection	: 09-Aug-2023 / 10:01 AM
Age/Gender	: 46Y-7M-7D / Female			Received	: 09-Aug-2023 / 10:11 AM
Collected At	: Aster CMI Hospital			Report	: 09-Aug-2023 / 10:41 AM
Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Preliminary	Print	: 09-Aug-2023 / 13:15 PM
Bed	: OPD				

Absolute Monocytes Method:Calculated	0.8	K/uL	0.2-1	K2EDTA WB
Absolute Eosinophils Method:Calculated	0.1	K/uL	0.02-0.5	K2EDTA WB
Absolute Basophils Method:Calculated	<u>0.0</u>	K/uL	0.02-0.1	K2EDTA WB
Platelet Parameters				
Platelet Count Method:Coulter/Flowcytometry	299	K/uL	150-400	K2EDTA WB
MPV Method:Calculated	8.2	fl	6 - 10	K2EDTA WB

Comments:

- A complete blood count (CBC) is a blood test which measures several cellular components of blood and is used to evaluate overall health and detect a wide range of disorders.
- It is used to determine one's general health status; to screen for, diagnose, or monitor a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer.
- A decrease in hemoglobin levels/ RBC count lower than the normal reference range for the given age can signify anemia. Further investigation with iron studies, vitamin B12 and folic acid levels will help in determining the cause and assist in further treatment. Red cell indices help in classification of anaemia and give a clue to their etiology. An increase in haemoglobin level may signify polycythemia, dehydration and is often seen in smokers.
- White blood cell (WBC) counts and their differential counts (DC) are used to diagnose infections(bacterial/viral), allergies, inflammatory conditions and leukemias.
- Platelets help in clotting of blood, any substantial decrease may increase the risk of bleeding

Note

The differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood as per the recommendation of International council for Standardization in Hematology.

Verified By: 173067

Dr. Uma D B
 MBBS, MD PATHOLOGY
 Consultant Pathologist





TEST REPORT

Lab. Id	: CM70608555	Hosp. UHID	: 700470973	Reg. Date	: 09-Aug-2023 / 09:54 AM
Name	: MRS. K VIJAYALAKSHMI	Collection	:	Received	:
Age/Gender	: 46Y-7M-7D / Female	Report	:	Print	:
Collected At	: Aster CMI Hospital	Report Status	:		
Referral Dr	: Dr.WELLNESS CONSULTANT				
Bed	: OPD				

--- End Of Report ---

Important Instructions:

- Test results released pertain to specimen submitted.
 - All results are dependent upon the quality of specimen received in the laboratory.
 - Lab investigation is only a tool to facilitate in concluding a diagnosis , and should be clinically correlated by the referring physician.
 - Certain tests may require further testing, at an additional cost for derivation of exact value. Kindly submit request with in 2 days, post reporting.
 - Sample repeats are accepted on request of Referring Physician with in sample stability period.
 - Test results may show inter-laboratory variation.
 - Results are for informational purposes , and not intended to replace the care of medical practitioner, and does not recommend self-diagnosis and/or self-medication.
 - Aster clinical Lab LLP does not make any warranties expressed or implied with respect to information herein.
 - Test results are not valid for medico legal purposes.
 - The courts/forum at Cochin/Bangalore shall have exclusive Jurisdiction in all disputes/claims concerning the request and/or result of test(s).
 - Contact customer care 9680396803 for all queries related to test results
- Patient/Client is advised to contact the laboratory immediately, for any possible remedial action, if test result is alarming or unexpected

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 Karnataka 560092, India.

T : 080 4342 0100
 E : customercare.aster@asterhospital.com
 www.asterhospitals.in





TEST REPORT

Lab. Id	: CM70608554	Hosp. UHID	: 700470973	Reg. Date	: 09-Aug-2023 / 09:52 AM
Name	: MRS. K VIJAYALAKSHMI	Collection	: 09-Aug-2023 / 10:00 AM	Received	: 09-Aug-2023 / 10:17 AM
Age/Gender	: 46Y-7M-7D / Female	Report	: 09-Aug-2023 / 11:22 AM	Print	: 09-Aug-2023 / 13:15 PM
Collected At	: Aster CMI Hospital	Referral Dr	: Dr.WELLNESS CONSULTANT	Report Status	: Final
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
GLYCOSYLATED HEMOGLOBIN (HbA1c)				
HbA1c	5.4	%	<5.7 Non diabetic 5.7 - 6.4 Prediabetic >=6.5 Diabetic	EDTA WB
ESTIMATED AVERAGE GLUCOSE	108.28	mg/dl	70-150	EDTA WB
Method: HPLC				
Method: Calculated from HbA1c				

Comments:

In persons with diabetes, optimal HbA1c value is as advised by your doctor. Glucose combines with Hb continuously and nearly irreversibly during the lifespan of RBCs (120 days). Therefore, Glycosylated Haemoglobin will be proportional to mean plasma Glucose during previous 6-12 weeks. Mean blood Glucose in first 30days (day 0-30) before sampling GHb contributes approximately 50% to final GHb value, whereas days 90-120 contribute only approximately 10%. Time to reach a new steady state is approximately 30-35 days. A long-term diabetic who has recent good control may still show higher HbA1c% and a normal (or diabetic with previous good control) individual with recent poor control can show normal (or lower than expected) HbA1c levels. HbA1c in pregnancy has limited role in diagnosing gestational diabetes. Physiological changes lower HbA1c levels, and pregnancy-specific reference ranges may need to be recognized. In these cases, a fasting plasma glucose, oral glucose tolerance test or fructosamine test should be used for screening or diagnosing diabetes.

Pavana A

Dr. Pavana A
MBBS, MD BIOCHEMISTRY
Consultant Biochemist

--- End Of Report ---

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Karnataka 560092, India.

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NAME	K VIJAYALAKSHMI	STUDY	09-08-2023 14:11:38
AGE/GENDER	46Y 7M 6D / F	UHID	700470973
ACC NO	70090377	MOD	US
REFERER	Dr. WELLNESS CONSULTANT	REPORT	09-08-2023 14:41:44

ULTRASOUND OF ABDOMEN AND PELVIS

LIVER: Normal in size (14.9 cm) with increased echotexture. No obvious focal lesion seen. IHBRs not dilated. Portal vein appears normal.

GALL BLADDER: Well-distended, no calculus seen. Wall thickness within normal limits. CBD appears normal in caliber.

PANCREAS: Normal in size and echotexture to the extent visualized. No focal lesion.

SPLEEN: Normal in size (8.4 cm) and echotexture. No focal lesion.

KIDNEYS: Both the kidneys are normal in size and echotexture. Corticomedullary differentiation well maintained. Small calculus measuring 2.8 mm noted in the lower pole of left kidney. Few small calculi noted in the left kidney. No hydronephrosis seen.

URINARY BLADDER: Well distended with clear contents. Wall thickness within normal limits.

UTERUS: Anteverted, normal in size. Myometrial echoes appear normal. Endometrium appears normal, measures: 2.4 mm. Adnexa normal.

OVARIES: Both ovaries appear normal in size and echotexture.

No ascites. Visualized bowel loops appear normal.

IMPRESSION:

- Grade I fatty liver.
- Non-obstructive bilateral renal calculi. ✓

*Suggested clinical correlation.

VT/GM

Geetanjali

Dr Geetanjali M
Specialist Radiology
Reg No. - KMC120158

Aster CMI HOSPITAL

We'll Treat You Well



NAME	K VIJAYALAKSHMI	STUDY	09-08-2023 10:36:13
AGE/GENDER	46Y 7M 6D / F	UHID	700470973
ACC NO	70090378	MOD	CR
REFERER	Dr. WELLNESS CONSULTANT	REPORT	09-08-2023 12:27:47

X-RAY CHEST PA VIEW

Lungs are clear.
No cardiomegaly. Pulmonary vasculature is normal.
Hila are not enlarged.
CP angles are clear.
No mediastinal widening.
Diaphragms are normal in position.
No abnormality in the rib cage.

IMPRESSION:

Clinical details: 46-year-old, came for routine health checkup. X-ray shows,

No significant abnormality.

Dr. ROSMI HASSAN KARUVATH
Specialist ,Radiology

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Aster CMI HOSPITAL

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NAME	K VIJAYALAKSHMI	STUDY	09-08-2023 11:31:21
AGE/GENDER	46Y 7M 6D / F	UHID	700470973
ACC NO	70090376	MOD	US
REFERER	Dr. WELLNESS CONSULTANT	REPORT	09-08-2023 11:48:21

DEPARTMENT OF CARDIOLOGY

2D ECHOCARDIOGRAM REPORT

REGIONAL WALL MOTION ABNORMALITY: Nil

IMPRESSION:

NORMAL CHAMBER DIMENSIONS
SCLEROTIC AV, MILD AR
NO PULMONARY HYPERTENSION
NO RWMA
NORMAL BIVENTRICULAR FUNCTION
LVEF 60%
NO PE/CLOTS/VEGETATIONS ✓

Dr Sanjay Bhat
Consultant-Interventional Cardiologist



700470973

MRS. K VIJAYALAKSHMI
Female

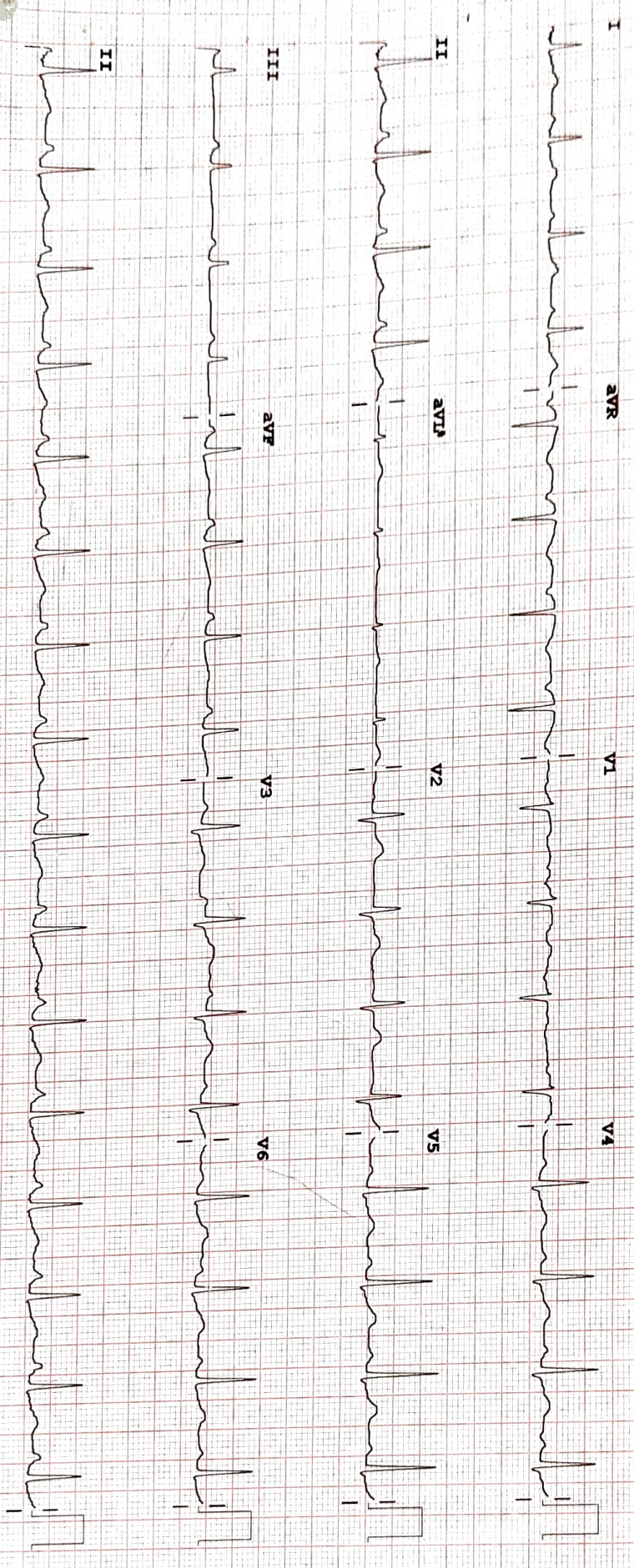
09-Aug-23 10:32:03 AM

Rate 94

PR 168
QRS 82
QT 356
QTc 446

--AXIS--
P 66
QRS 58
T 33

12 Lead: Standard Placement



Device:

Speed: 25 mm/sec

Time: 10 mm/mV

Chest: 10.0 mm/mV

F 50- 0.50- 40 Hz W

PH10

CL

P?

MICRO MED CARES
GE 600V/60Hz/70