

Name : Mrs. SHANTILATA SWAIN

PID No. : MED121669930

Register On : 09/11/2024 8:43 AM

SID No. : 522416018

Collection On : 09/11/2024 10:29 AM

Age / Sex : 46 Year(s) / Female

Report On : 11/11/2024 1:13 PM

Type : OP

Printed On : 11/11/2024 5:02 PM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/SLS Hemoglobin method)	<b>4.8</b>	g/dL	12.5 - 16.0
<b>Remark:</b> Smear verified			
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	<b>17.1</b>	%	37 - 47
RBC Count (EDTA Blood/Impedance/Coulter Principle)	<b>2.62</b>	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	<b>65.1</b>	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	<b>18.3</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	<b>28.2</b>	g/dL	32 - 36
RDW-CV (Calculated)	<b>21.8</b>	%	11.5 - 16.0
RDW-SD (Calculated)	<b>49.67</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	4700	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Flow cytometry)	66.2	%	40 - 75
Lymphocytes (Blood/Flow cytometry)	26.0	%	20 - 45
Eosinophils (Blood/Flow cytometry)	1.4	%	01 - 06
Monocytes (Blood/Flow cytometry)	5.7	%	01 - 10



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MC-2425



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Basophils (Blood/Flow cytometry)	0.7	%	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/Calculated)	3.11	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	<b>1.22</b>	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.07	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.27	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.03	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	204	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Calculated)	8.3	fL	8.0 - 13.3
PCT (Calculated)	<b>0.17</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Capillary Photometry Technology)	5	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/Hexokinase)	99.84	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/Hexokinase)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase)	104.49	mg/dL	70 - 140

  
**M. Maria Lawrence Raj**  
 Lab Supervisor  
**VERIFIED BY**



  
**Dr Samudrala Bharathi**  
 MD Pathology  
 Lab Director  
 TMC. No.: 72802

**APPROVED BY**

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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.

Urine Glucose(PP-2 hours) (Urine - PP/Hexokinase)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	<b>4.8</b>	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	<b>0.46</b>	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.14	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	<b>1.94</b>	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	<b>0.62</b>	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	<b>1.32</b>	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.60	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.98	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.40	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	61.7	U/L	42 - 98
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Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.), Old No 66 & New No 1, 2nd Main Road, Bashyam Circle, Sankey Cross Road Malleswaram, Gayathri Devi Park Extension, Kodandarampura, Sadashiva Nagar, Bengaluru, Karnataka-560003,.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Protein (Serum/Biuret)	7.71	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.66	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.53		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	109.98	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	98.92	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)	38.59	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	51.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
VLDL Cholesterol (Serum/Calculated)	19.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	71.4	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 Ratio (Serum/Calculated)	2.8		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)	2.6		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)	1.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	4.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	82.45	mg/dL	
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TMC. No.: 72802  
APPROVED BY

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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 (Serum/ECLIA)	1.01	ng/ml	0.7 - 2.04
--	------	-------	------------

**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)	9.15	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)	4.53	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 &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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Colour (Urine)	Pale yellow		Yellow to Amber

Appearance (Urine)	Clear		Clear
-----------------------	-------	--	-------

Volume(CLU) (Urine)	25		
------------------------	----	--	--

**CHEMICAL EXAMINATION**  
**(URINE COMPLETE)**

pH (Urine)	6		4.5 - 8.0
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Specific Gravity (Urine)	1.004		1.002 - 1.035
-----------------------------	-------	--	---------------

Ketone (Urine)	Negative		Negative
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Urobilinogen (Urine)	Normal		Normal
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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		
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**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

  
M. Maria Lawrence Raj  
Lab Supervisor

VERIFIED BY



MC-2425



  
Dr Samudrala Bharathi  
MD Pathology  
Lab Director  
TMC. No.: 72802

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		

**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




M. Maria Lawrence Raj  
Lab Supervisor

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MC-2425

Dr Samudrala Bharathi  
MD Pathology  
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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

BLOOD GROUPING AND Rh  
TYPING

'B' 'Negative'


(EDTA Blood/Agglutination)

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



M.L. Maria Lawrence Raj  
Lab Supervisor

VERIFIED BY



Dr Samudrala Bharathi  
MD Pathology  
Lab Director  
TMC. No.: 72802

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	10.4		6.0 - 22.0

  
M. Maria Lawrence Raj  
Lab Supervisor

VERIFIED BY



  
Dr Samudrala Bharathi  
MD Pathology  
Lab Director  
TMC. No.: 72802

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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

URINE ROUTINE



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-- End of Report --

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**Printed On** : 11/11/2024 5:03 PM

**Ref. Dr** : MediWheel

**OP / IP** : OP

  
M. Maria Lawrence Raj  
Lab Supervisor

  
**Dr Samudrala ]**



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

Name Shantilata Swain

Ph. 9353862884

Age 46/F

**Chief Complaints**

RE / LE / DOV / Blurring / Burning / Itching / Pricking  
 Redness / Headache -Nil-

**Past History**

DM -Ve

Asthama -Ve

HTN -Ve

Others -Nil-

**Visual Acuity**

	RE	LE
Distance / Near	<u>6/6 (D)</u>	<u>6/6 (D)</u>
With PH		
With Glasses	<u>-</u>	

Colour Vision BE = Normal

6/6

	SPH	RE CYL	AXIS
Distance	<u>+0.50</u>	<u>+0.50</u>	<u>100°</u>
Near		<u>-</u>	<u>ADD</u>

6/6

	SPH	LE CYL	AXIS
Distance	<u>+0.50</u>	<u>-</u>	
Near	<u>+1.25</u>	<u>-</u>	

Advise .....

RAVI KUMAR  
**Ravi Kumar H.L.**  
 (Consultant Optometrist)



**medall**  
DIAGNOSTICS  
experts who care

Patient Name	shanthilatha	Date	9-11-24
Age	46 Y	Visit Number	522416018
Sex	Female	Corporate	mediubee1

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 148 cms

Weight : 60.7 kgs

Pulse : 98 /minute

Blood Pressure : 130/60 mm of Hg

1000 Hypothyroidism

BMI :

#### BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Patient ⊕

Chest :

Expiration : 90 cms

Inspiration : 94 cms

Abdomen Measurement : 86 cms

Eyes : BIL pupil ⊕

Ears :

Throat : NAD

Neck nodes : } NAD

RS : BIL AE ⊕

CVS :

PA : soft

CNS : } NAD

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

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

Signature

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Name	MRS.SHANTILATA SWAIN	ID	MED121669930
Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

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

**BILATERAL MAMMOGRAPHY**

Breast composition

Type C (The breasts are heterogeneously dense, which may obscure small masses).

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

**BILATERAL SONOMAMMOGRAPHY**

Few cysts are seen in the periareolar region of left breast, largest measuring 3 x 5mm in the inner circle at 7-8 o' clock position. No evidence of calcifications. Few of these cysts show internal septations.

Few cysts are seen in the periareolar region of right breast, largest measuring 3 x 7 mm in the inner circle of right breast at 8 o' clock position. No evidence of calcifications. Few of these cysts show internal septations.

Few prominent mammary ducts are seen in the bilateral subareolar region, with maximum diameter of 2.3 mm on left and 2.5 mm on right side. No evidence of solid/vascular contents within.

Rest of both the breasts show normal echopattern.

No evidence of focal solid areas.

Few axillary lymph nodes are seen, largest measuring 5 x 13 mm on left side and 6 x 15 mm on right side with preserve fatty hilum.

**IMPRESSION:**

- **Simple & complex cysts in the periareolar regions of bilateral breast as described.**
- **Bilateral mild mammary ductectasia - likely benign**
- **Bilateral being axillary lymph nodes.**

**BI-RADS CLASSIFICATION**

**CATEGORY RESULT**

Name	MRS.SHANTILATA SWAIN	ID	MED121669930
Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

**2 Benign finding. Routine mammogram in 1 year recommended.**

**DR. VANDANA S**  
**CONSULTANT RADIOLOGIST**  
Vs/Ry



Name	MRS.SHANTILATA SWAIN	ID	MED121669930
Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (15.0cms) **and has 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 (11.5cms) 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	11.0	1.7
Left Kidney	10.1	1.8

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

**UTERUS** is anteverted and has normal shape and bulky in size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 7 mm.

Uterus measures LS: 7.8cms      AP: 4.1 cms      TS: 6.3cms.

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

Right ovary measures 2.1 x 3.3 cms and shows a dominant follicle measuring 1.7 x 2.1cms

Left ovary measures 1.5 x 3.3 cms

POD & adnexa are free.

No evidence of ascites.

#### **IMPRESSION:**

- **Mildly bulky uterus.**
- **Grade I fatty infiltration of liver.**

Name	MRS.SHANTILATA SWAIN	ID	MED121669930
Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

DR. VANDANA S  
CONSULTANT RADIOLOGIST  
Vs/Gk

Name	Mrs. SHANTILATA SWAIN	Customer ID	MED121669930
Age & Gender	46Y/F	Visit Date	Nov 9 2024 8:43AM
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. APARNA**

**CONSULTANT RADIOLOGIST**