



| | | | |
|--------------|----------------------|---------------|------------------------------|
| Name | : MS.RAJESHWARI RAJA | TID/SID | : UMR2599646/ 29169625 |
| Age / Gender | : 37 Years / Female | Registered on | : 08-Mar-2025 / 09:34 AM |
| Ref.By | : MEDI WHEELS | Collected on | : 08-Mar-2025 / 09:50 AM |
| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 15:32 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

| Investigation | Observed Value | Biological Reference Intervals |
|--|----------------|--------------------------------------|
| Physical Examination | | |
| Colour Method:Physical | Pale Yellow | Straw to Yellow |
| Appearance Method:Physical | Clear | Clear |
| Chemical Examination | | |
| Reaction and pH Method:pH- Methyl red & Bromothymol blue | 6.0 | 4.6-8.0 |
| Specific gravity Method:Bromothymol Blue | 1.010 | 1.003-1.035 |
| Protein Method:Tetrabromophenol blue | Negative | Negative |
| Glucose Method:Glucose oxidase/Peroxidase | Negative | Negative |
| Blood Method:Peroxidase | Negative | Negative |
| Ketones Method:Sodium Nitroprusside Method | Negative | Negative |
| Bilirubin Method:Dichloroanilinediazonium | Negative | Negative |
| Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium | Negative | Negative |
| Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol | Negative | Negative |
| Urobilinogen Method:Dimethyl aminobenzaldehyde | 0.2 | 0.2-1.0 mg/dl |
| Microscopic Examination | | |
| Pus cells (leukocytes) Method:Microscopy | 0-1 | 2 - 3 /hpf |
| Epithelial cells Method:Microscopy | 0-1 | 2 - 5 /hpf |
| RBC (erythrocytes) Method:Microscopy | Absent | Absent |
| Casts Method:Microscopy | Absent | Occasional hyaline casts may be seen |



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| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

| | | |
|-------------------|--------|---|
| Crystals | Absent | Phosphate, oxalate, or urate crystals may be seen |
| Method:Microscopy | | |
| Others | Nil | Nil |
| Method:Microscopy | | |

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infection or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851





| | | | |
|--------------|----------------------|---------------|------------------------------|
| Name | : MS.RAJESHWARI RAJA | TID/SID | : UMR2599646/ 29171964 |
| Age / Gender | : 37 Years / Female | Registered on | : 08-Mar-2025 / 09:34 AM |
| Ref.By | : MEDI WHEELS | Collected on | : 08-Mar-2025 / 13:44 PM |
| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 18:43 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CYTOPATHOLOGY

Pap Smear, Conventional

| | |
|---------------------------|--|
| Specimen Type | Conventional smear (Pap smear) |
| Specimen Adequacy | Satisfactory for evaluation. |
| Microscopic Observations: | Smears studied show intermediate squamous cells and superficial squamous cells. Background shows lactobacilli and neutrophils. |
| Interpretation | Negative for intraepithelial lesion or malignancy. |

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist
KMC NO : 89765





Name : **MS.RAJESHWARI RAJA** TID/SID : UMR2599646/ 29169624
Age / Gender : 37 Years / Female Registered on : 08-Mar-2025 / 09:34 AM
Ref.By : MEDI WHEELS Collected on : 08-Mar-2025 / 09:50 AM
Req.No : BIL5397258 Reported on : 08-Mar-2025 / 14:23 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing

| Parameter | Results |
|----------------------|----------|
| Blood Grouping (ABO) | O |
| Rh Typing (D) | POSITIVE |

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. A,B,H antigens are not fully developed at birth, increase gradually in strength and become fully expressed around 1 year of age. It is mandatory to repeat blood grouping at/after one year of age for new born babies &/or done on cord blood

Note: All individuals carry other blood group system antigens in addition to ABO and Rh. Antibody screening is recommended to all individuals before blood transfusion to detect any unexpected antibodies.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851





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| Name | : MS.RAJESHWARI RAJA | TID/SID | : UMR2599646/ 29169624 |
| Age / Gender | : 37 Years / Female | Registered on | : 08-Mar-2025 / 09:34 AM |
| Ref.By | : MEDI WHEELS | Collected on | : 08-Mar-2025 / 09:50 AM |
| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 13:07 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR)

| Investigation | Observed Value | Biological Reference Intervals |
|--|----------------|--------------------------------|
| ESR 1st Hour Method:Modified Westergren | 13 | <=20 mm/hour |

Complete Blood Count (CBC)

| Investigation | Observed Value | Biological Reference Interval |
|--|----------------|-------------------------------|
| Hemoglobin Method:Spectrophotometry | 10.3 | 11.5-16.0 g/dL |
| Packed Cell Volume Method:Derived from Impedance | 31.4 | 34-48 % |
| Red Blood Cell Count. Method:Impedance Variation | 4.78 | 4.2-5.4 Mill/Cumm |
| Mean Corpuscular Volume Method:Derived from Impedance | 65.7 | 78-100 fL |
| Mean Corpuscular Hemoglobin Method:Derived from Impedance | 21.5 | 27-32 pg |
| Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance | 32.8 | 31.5-36 g/dL |
| Red Cell Distribution Width - CV Method:Derived from Impedance | 17.7 | 11.5-16.0 % |
| Red Cell Distribution Width - SD Method:Derived from Impedance | 36.0 | 39-46 fL |
| Total WBC Count. Method:Impedance Variation | 8380 | 4000-11000 cells/cumm |
| Neutrophils Method:Impedance Variation, Flowcytometry | 68.9 | 40-75 % |
| Lymphocytes Method:Microscopy | 25.0 | 20-45 % |
| Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry | 1.9 | 01-06 % |
| Monocytes Method:Impedance Variation, Flowcytometry | 4.1 | 01-10 % |
| Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry | 0.1 | 00-02 % |



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| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 13:07 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

| | | |
|--|------|----------------------|
| Absolute Neutrophils Count. Method:Calculated | 5774 | 1500-6600 cells/cumm |
| Absolute Lymphocyte Count Method:Calculated | 2095 | 1500-3500 cells/cumm |
| Absolute Eosinophils count. Method:Calculated | 159 | 40-440 cells/cumm |
| Absolute Monocytes Count. Method:Calculated | 344 | <1000 cells/cumm |
| Absolute Basophils count. Method:Calculated | 8 | <200 cells/cumm |
| Platelet Count. Method:Impedance Variation | 2.78 | 1.4-4.4 lakhs/cumm |
| Mean Platelet Volume. Method:Derived from Impedance | 9.1 | 8.0-13.3 fL |
| Plateletcrit. Method:Derived from Impedance | 0.25 | 0.18-0.28 % |

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology, 12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist
KMC NO : 89765





| | | | |
|--------------|----------------------|---------------|------------------------------|
| Name | : MS.RAJESHWARI RAJA | TID/SID | : UMR2599646/ 29169627F |
| Age / Gender | : 37 Years / Female | Registered on | : 08-Mar-2025 / 09:34 AM |
| Ref.By | : MEDI WHEELS | Collected on | : 08-Mar-2025 / 09:50 AM |
| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 13:55 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN)

| Investigation | Observed Value | Biological Reference Interval |
|---|----------------|-------------------------------|
| Blood Urea Nitrogen. | 6 | 6-20 mg/dL |
| Method:Kinetic, Urease - GLDH, Calculated | | |

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

| Investigation | Observed Value | Biological Reference Interval |
|--|----------------|-------------------------------|
| Creatinine. | 0.43 | 0.5-1.1 mg/dL |
| Method:Spectrophotometry, Jaffe - IDMS Traceable | | |

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Glucose Fasting (FBS)

| Investigation | Observed Value | Biological Reference Interval |
|-------------------|----------------|--|
| Glucose Fasting | 88 | Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >=126 mg/dL |
| Method:Hexokinase | | |

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022



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| Ref.By | : MEDI WHEELS | Collected on | : 08-Mar-2025 / 09:50 AM |
| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 14:26 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

Glucose Post Prandial (PPBS)

| Investigation | Observed Value | Biological Reference Interval |
|--|----------------|--|
| Glucose Post Prandial Method:Hexokinase | 89 | Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL |

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

Glycosylated Hemoglobin (HbA1C)

| Investigation | Observed Value | Biological Reference Interval |
|--|----------------|---|
| Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography | 5.7 | Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 % |
| Estimated Average Glucose (eAG) Method:Calculated | 117 | mg/dL % |

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.

Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

Bun/Creatinine Ratio

| Investigation | Observed Value | Biological Reference Interval |
|---|----------------|-------------------------------|
| BUN/Creatinine Ratio Method:Calculated | 14 | 12-16 |

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kanya SN



PLEASE SCAN QR CODE
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Name : **MS.RAJESHWARI RAJA**
Age / Gender : 37 Years / Female
Ref.By : MEDI WHEELS
Req.No : BIL5397258

TID/SID : UMR2599646/
Registered on : 08-Mar-2025 / 09:34 AM
Collected on :
Reported on :
Reference : Arcofemi Health Care Ltd -

TEST REPORT

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851





| | | | |
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| Name | : MS.RAJESHWARI RAJA | TID/SID | : UMR2599646/ 29169626 |
| Age / Gender | : 37 Years / Female | Registered on | : 08-Mar-2025 / 09:34 AM |
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| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile

| Investigation | Observed Value | Biological Reference Interval |
|---|----------------|--|
| Total Cholesterol Method:Spectrophotometry , CHOD - POD | 138 | Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL |
| HDL Cholesterol Method:Spectrophotometry , Direct Measurement | 36 | Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL |
| Non HDL Cholesterol Method:Calculated | 102 | Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL |
| LDL Cholesterol Method:Calculated | 71.8 | Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >=190 mg/dL |
| VLDL Cholesterol Method:Calculated | 30.20 | <30 mg/dL |
| Total Cholesterol/HDL Ratio Method:Calculated | 3.83 | 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 |
| LDL/HDL Ratio Method:Calculated | 1.99 | Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0 |
| Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD | 151 | Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >=500 mg/dL mg/dl # |

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



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Age / Gender : 37 Years / Female
Ref.By : MEDI WHEELS
Req.No : BIL5397258

TID/SID : UMR2599646/
Registered on : 08-Mar-2025 / 09:34 AM
Collected on :
Reported on :
Reference : Arcofemi Health Care Ltd -

TEST REPORT

Kavya SN

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851





| | | | |
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| Name | : MS.RAJESHWARI RAJA | TID/SID | : UMR2599646/ 29169626 |
| Age / Gender | : 37 Years / Female | Registered on | : 08-Mar-2025 / 09:34 AM |
| Ref.By | : MEDI WHEELS | Collected on | : 08-Mar-2025 / 09:50 AM |
| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 14:26 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT)

| Investigation | Result | Biological Reference Interval |
|---|--------|---|
| Total Bilirubin. Method:Spectrophotometry, Diazo method | 0.34 | Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL |
| Direct Bilirubin. Method:Spectrophotometry, Diazo method | 0.2 | <=0.30 mg/dL |
| Indirect Bilirubin. Method:Calculated | 0.14 | Neonates: <= 14.7 mg/dL Adults: <= 1.0 mg/dL |
| Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation | 13 | <=33 U/L |
| Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation | 12 | <=32 U/L |
| ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC | 97 | 35-104 U/L |
| Gamma GT. Method:Spectrophotometry , IFCC | 16 | <40 U/L |
| Total Protein. Method:Spectrophotometry, Biuret | 7 | 6.4-8.3 g/dL |
| Albumin. Method:Spectrophotometry, Bromcresol Green | 4.2 | 3.5-5.2 g/dL |
| Globulin. Method:Spectrophotometry, Bromcresol Green | 2.80 | 2.0-3.5 g/dL |
| A/GRatio. Method:Calculated | 1.50 | 1.1-2.5 |

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851



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| Name | : MS.RAJESHWARI RAJA | TID/SID | : UMR2599646/ 29169626 |
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| Ref.By | : MEDI WHEELS | Collected on | : 08-Mar-2025 / 09:50 AM |
| Req.No | : BIL5397258 | Reported on | : 08-Mar-2025 / 16:47 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH)

| Investigation | Observed Value | Biological Reference Interval |
|---|----------------|---|
| Triiodothyronine Total (T3) Method:ECLIA | 1.13 | 0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL Note: Biological Reference Ranges are changed due to change in method of testing. |
| Thyroxine Total (T4) Method:ECLIA | 7.91 | 4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL Note: Biological Reference Ranges are changed due to change in method of testing. |
| Thyroid Stimulating Hormone (TSH) Method:ECLIA | 1.56 | 0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL Note: Biological Reference Ranges are changed due to change in method of testing. |

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist
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| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

| Investigation | Observed Value | Biological Reference Interval |
|--------------------------------|----------------|-------------------------------|
| Uric Acid. Method:Enzymatic | 3.8 | 2.4-5.7 mg/dL |

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851





PLEASE SCAN QR CODE

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Age/Gender : 37 Years/Female
Ref By : MEDI WHEELS
Reg.No : BIL5397258

TID : UMR2599646
Registered On : 08-Mar-2025 09:34 AM
Reported On : 08-Mar-2025 11:49 AM
Reference : Arcofemi Health Care Ltd
- Medi Whe

ECHOCARDIOGRAM REPORT

MESUREMENTS

IVS (D): 0.8CM LVID (D): 3.6CM LVPW (D):0.8 CM

IVS(S): 1.6CM LVID (S):2.3 CM LVPW(S): 1.6CM

AO: 2.0CM LA: 2.6CM

EF: 64%

VALVES:

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS:

LEFT ARTIUM : NORMAL

RIGHT ARTIUM : NORMAL

LEFT VENTRICLE : NORMAL

RIGHT VENTRICLE : NORMAL

SEPTAE:

IVS : INTACT

IAS : INTACT

GREAT ARTERIES:

AORTA : NORMAL

PULMONARY ARTERY : NORMAL



PLEASE SCAN QR CODE

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Ref By : MEDI WHEELS
Reg.No : BIL5397258

TID : UMR2599646
Registered On : 08-Mar-2025 09:34 AM
Reported On : 08-Mar-2025 11:49 AM
Reference : Arcofemi Health Care Ltd
- Medi Whe

DOPPLER STUDY:

MITRAL VALVE : E -0.8M/S A -0.5M/S MILD MR
AORTIC VALVE : 0.9M/S
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : 0.7M/S

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL
VEGETATION / THROMBUS : NO

FINAL DIAGNOSIS:

- NORMAL CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION.
- MILD MR.
- NO REGIONAL WALL MOTION ABNORMALITIES
- NO PE / CLOT / VEGETATION SEEN.

*** End Of Report ***

Dr Prabhu K
Consultant Cardiologist



| | | | |
|------------|------------------------|---------------|--|
| Name | : Ms . RAJESHWARI RAJA | TID | : UMR2599646 |
| Age/Gender | : 37 Years/Female | Registered On | : 08-Mar-2025 09:34 AM |
| Ref By | : MEDI WHEELS | Reported On | : 08-Mar-2025 01:44 PM |
| Reg.No | : BIL5397258 | Reference | : Arcofemi Health Care Ltd - Medi Whe |

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 is moderately distended. No obvious calculus. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN is enlarged in size, measuring about 14.4 cms. Normal in echopattern.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation preserved. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation preserved. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

| | Bipolar length (cm) | Parenchymal thickness (cm) |
|--------------|---------------------|----------------------------|
| Right Kidney | 11.4 | 1.6 |
| Left Kidney | 10.9 | 1.8 |

URINARY BLADDER shows 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 – 8 mm.

Uterus measures LS: 8.8 cm AP: 4.3 cm TS: 5.4 cm.

OVARIES are normal for age.

No obvious adnexal mass.



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No evidence of ascites.

IMPRESSION:

- Splenomegaly.
- No other significant abnormality detected.

*** End Of Report ***

Dr Sneha T.Prasad
Consultant Radiologist



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Age/Gender : 37 Years/Female
Ref By : MEDI WHEELS
Reg.No : BIL5397258

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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.**

*** End Of Report ***

Dr Ramachandra C R
Consultant Radiologist

37 Years
Female

SADASHIVNAGARA
BANGALORE

Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG

SR
Consistent clinically
h/

QRS 74 ms
QT / QTcBaz 370 / 447 ms
PR 156 ms
P 108 ms
RR / PP 682 / 681 ms
P / QRS / T 57 / 31 / 21 degrees

