

Mrs. R KUSUMA  
Age/Sex: 48 Y/F  
PID: PTH202500272901  
Birth Date: 25-07-1976

OT: Hodges

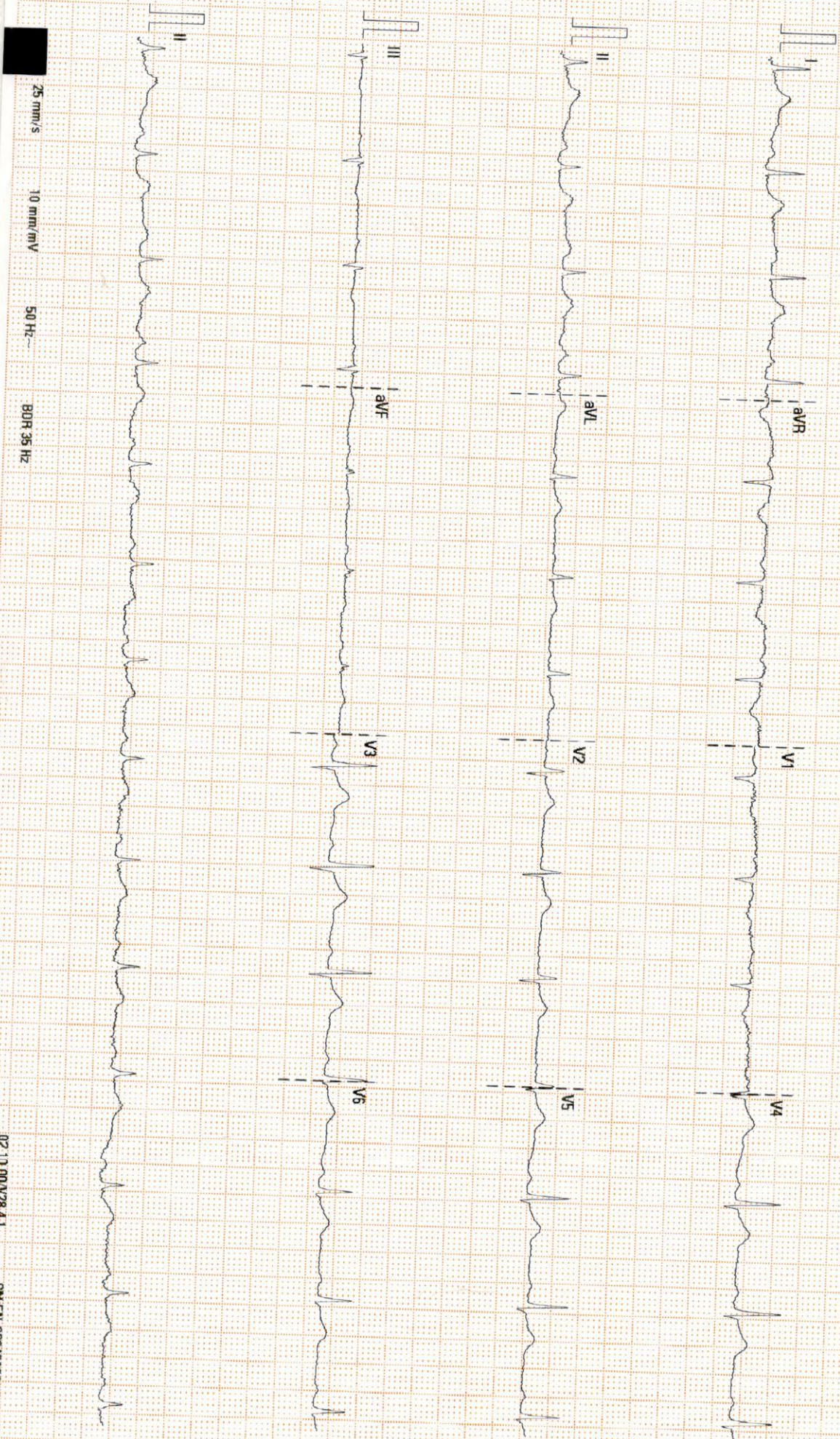
Normal ECG

Sinus rhythm  
Interpretation made without knowing patient's gender/age

Unconfirmed Diagnosis.

CE 0537

LOT D 855





## Radiology Report

**Patient Name** : Mrs. R KUSUMA      **Age/Sex** : 48 Y/F      **Order Date** : 08-03-2025 08:03  
**Ref by** :      **MR No.** : PTH202500272901

### USG BREASTS

**Right breast:** Shows normal echotexture of glandular and adipose tissue.

No obvious focal mass lesions noted. Nipple and areola appear normal.

No ductal dilatation seen.

**Left breast:** Shows normal echotexture of glandular and adipose tissue.

No obvious focal lesions noted. Nipple and areola appear normal.

No ductal dilatation seen.

**Well defined enlarged lymphnodes measuring 24 x 17mm noted in left axilla with maintained fatty hilum**

No evidence of enlarged lymphnodes seen in the right axillae.

### IMPRESSION:

- No obvious focal/diffuse lesions in bilateral breast parenchyma
- Well defined enlarged lymphnodes in left axilla with maintained fatty hilum- likely benign.

**DR MAHESH S**  
CONSULTANT RADIOLOGIST



## Radiology Report

Patient Name : Mrs. R KUSUMA      Age/Sex : 48 Y/F      Order Date : 08-03-2025 08:03  
Ref by :      MR No. : PTH202500272901

### USG ABDOMEN AND PELVIS

**LIVER:** Normal in size (13.2cms), contour and echopattern. No focal lesions seen. Intrahepatic biliary radicals are normal. Portal vein appears normal.

**GALL BLADDER:** Distended, appears normal. No obvious calculi / pericholecystic fluid seen. Common bile duct is not dilated.

**PANCREAS:** Normal in size, shape & has uniform echogenicity.

**SPLEEN:** Normal in size and echopattern. No focal lesions seen.

**KIDNEYS:** Both the kidneys are normal in position, size, shape and contour. Cortical echogenicity is normal, corticomedullary differentiation is well maintained.

**RT.KIDNEY-** 9.3cm in length and 1.0cm in parenchymal thickness. No calculi / hydronephrosis seen.

**LT.KIDNEY-** 9.8cm in length and 1.4cm in parenchymal thickness. No calculi / hydronephrosis seen.

**URINARY BLADDER:** Normal in outline and wall thickness. No calculi or mucosal irregularity seen.

**UTERUS:** Anteverted and normal in size, shape, contour with uniform echotexture. No focal lesions seen. Endometrial thickness is 5.0mm.

Uterine measurements: 6.9 x 4.0 x 3.9cms

Nabothian cyst noted measuring 10mm in the anterior wall of cervix.

**OVARIES:** Bilateral ovaries appears normal.

No adnexal mass lesions. No fluid in POD.

No free fluid / dilated / thickened bowel loops are noted.

### IMPRESSION:

**NO SONOLOGICAL ABNORMALITY DETECTED.**

**DR MAHESH S**  
CONSULTANT RADIOLOGIST

## Radiology Report

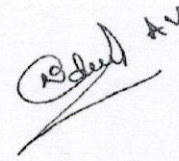
**Patient Name** : Mrs. R KUSUMA      **Age/Sex** : 48 Y/F      **Order Date** : 08-03-2025 08:03  
**Ref by** :      **MR No.** : PTH202500272901

### X RAY CHEST PA VIEW

#### FINDINGS:

- Lung fields are clear.
- No mediastinal shift.
- Both the hila appear normal.
- CP angles are normal.
- Cardiac diameter is within normal limits.
- Visible bony thoracic cage is normal.

**IMPRESSION:**  
**NORMAL STUDY.**



DR PRADEEP A V  
MBBS MD DNB FFM  
Ex SR AIIMS DELHI & NIMHANS  
**CONSULTANT RADIOLOGIST and  
FETAL MEDICINE SPECIALIST**

### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 12:21
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### HAEMATOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>BLOOD GROUPING &amp; RH TYPING,</b>				
<b>(Sample Received On:8 Mar, 2025 8:54:00 AM)</b>				
BLOOD GROUP	"O"			Plasma(EDTA)
RH Type	POSITIVE			
Note	Blood group done by forward grouping only. Suggested confirmation by forward and reverse typing method for the purpose of blood transfusion etc			

**DISCLAIMER :** The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---

VERIFIED BY  
Bindhu B R



**DR SOWMYA T M | DNB,PDF(Oncopathology)**  
**Consultant Pathologist**  
**KMC NO 85654**

## LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 09:48
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

## HAEMATOTOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>COMPLETE BLOOD COUNTS (AUTOMATED) ( CBC), (Sample Received On:8 Mar, 2025 8:54:00 AM)</b>				
HAEMOGLOBIN (AUTOMATED)	12.7	g/dL	11.5- 16	Plasma(EDTA)
TC (TOTAL COUNT) (AUTOMATED)	6840	Cell/mm <sup>3</sup>	4000 - 11000	
NEUTROPHILS	57.4	%	40-75	
LYMPHOCYTES	29.5	%	20-45	
EOSINOPHILS	5.8	%	1 - 6	
MONOCYTES	6.4	%	1 - 10	
BASOPHILS	0.9	%	0 - 1	
RBC COUNT	4.57	Million cell/mm <sup>3</sup>	3.7 - 5.6	
PLATELET COUNT	298000	Cells/mm <sup>3</sup>	150000 - 450000	
PCV	39.5	%	34 - 48	
MCV	86.4	fL	75-95	
MCH	<b>27.8</b>	pg	30 - 35	
MCHC	32.2	g/dL	30 - 35	

**DISCLAIMER** : The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---



VERIFIED BY  
Lakshmi O

**DR SOWMYA T M | DNB,PDF(Oncopathology)**  
Consultant Pathologist  
KMC NO 85654

### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 10:38
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### HAEMATOTOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>ESR</b> (Sample Received On:8 Mar, 2025 8:54:00 AM)	<b>29</b>	mm/hr	0 - 20	Plasma(EDTA)

**DISCLAIMER** : The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---

VERIFIED BY  
Lakshmi O



**DR SOWMYA T M | DNB,PDF(Oncopathology)**  
Consultant Pathologist  
KMC NO 85654

### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 12:01
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>FASTING URINE SUGAR</b> (Sample Received On:8 Mar, 2025 8:54:00 AM)	NIL			Urine

**DISCLAIMER** : The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---

VERIFIED BY  
Nutan N



**Mr. SREENIVAS H L | M.Sc-Medical  
Biochemistry  
Clinical Biochemist**



### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 12:00
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>GLYCATED HEMOGLOBIN ( HBA1C ),</b> (Sample Received On:8 Mar, 2025 8:54:00 AM)				
Lab ID No: LAB602499				
GLYCATED HEMOGLOBIN (HBA1C)[Nephelometry]	5.7	%	"Non-Diabetic HbA1c < 5.6 Fasting plasma glucose <100 Pre - Diabetes HbA1c 5.7 - 6.4 Fasting plasma glucose 100 - 125 Diabetes HbA1c > 6.5 Fasting plasma glucose > 126"	Plasma(EDTA)
ESTIMATED AVERAGE GLUCOSE	117	mg/dL		

**Note :** Any condition altering red cell life will alter the GHB values. Low Hb% values may not correlate with GHB. GHB value should not be taken as a sole criteria for diagnosis. GHB gives average Blood Glucose level for the period of 10 - 12 wks & it need not correlate with blood sugar levels. For Geriatric group, HbA1c reference range depends upon comorbid conditions.

#### THYROID PROFILE (T3 T4 TSH), (Sample Received On:8 Mar, 2025 8:54:00 AM)

Lab ID No: LAB602499				
T3[Chemiluminescence]	1.240	ng/mL	0.970 - 1.69	Serum
T4[Chemiluminescence]	7.630	ug/dL	5.53 - 11.0	
TSH[Chemiluminescence]	3.061	micIU/mL	0.4001 - 4.049	
			1st Trimester : > 0.1298 - 3.120	
			2nd Trimester : >0.2749 -2.652	
			3rd Trimester :> 0.3127 -2.947	

**DISCLAIMER :** The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---



**Mr. SREENIVAS H L | M.Sc-Medical  
Biochemistry  
Clinical Biochemist**



**Mr. SREENIVAS  
H L |  
M.Sc-Medical  
Biochemistry  
Clinical  
Biochemist**

VERIFIED BY  
Nutan N

### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 11:37
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>GLUCOSE - FASTING SUGAR( FBS),</b> <b>(Sample Received On:8 Mar, 2025 8:54:00 AM)</b>				
Lab ID No: LAB602499				
FASTING BLOOD SUGAR[GOD-POD]	104	mg/dL	70 - 106	Serum
<b>LIPID PROFILE (CHOL,TGL,LDL ,HDL),</b> <b>(Sample Received On:8 Mar, 2025 8:54:00 AM)</b>				
Lab ID No: LAB602499				
CHOLESTEROL- TOTAL[CHOD-POD]	184.00	mg/dL	Desirable : <200 Borderline High : 200 - 239 High : >/=240	Serum
TRYGLYCERIDES[GPO]	95	mg/dL	<150	
CHOLESTEROL - LDL[Calculated]	110.0	mg/dL	Up to 130	
CHOLESTEROL - HDL[Polymer detergent]	55.0	mg/dL	Low : <40 High : >/=60	
CHOLESTEROL - VLDL[Calculated]	19.00	mg/dL	<40	
LDL : HDL RATIO	2.00		<3.5	
Lab ID No: LAB602499				
<b>URIC ACID - SERUM[Uricase POD]</b> <b>(Sample Received On:8 Mar, 2025 8:54:00 AM)</b>	3.30	mg/dL	2.5 - 6.5	Serum
Lab ID No: LAB602499				
<b>BUN (BLOOD UREA NITROGEN)[Urease]</b> <b>(Sample Received On:8 Mar, 2025 8:54:00 AM)</b>	10.28	mg/dL	7 - 20	Serum
Lab ID No: LAB602499				
<b>CREATININE- SERUM,</b> <b>(Sample Received On:8 Mar, 2025 8:54:00 AM)</b>	0.60	mg/dL	0.5 - 1.2	Serum
Lab ID No: LAB602499				
<b>LIVER FUNCTION TEST (TBIL,DBIL,PROTEIN,ALB,OT,PT,ALP,GGT),</b> <b>(Sample Received On:8 Mar, 2025 8:54:00 AM)</b>				
Lab ID No: LAB602499				
BILIRUBIN- TOTAL[Reflectance Spectrophotometry]	0.6	mg/dL	0.2 - 1.3	Serum
BILIRUBIN- DIRECT[Reflectance Spectrophotometry]	0.2	mg/dL	0 - 0.3	
BILIRUBIN- INDIRECT[Reflectance Spectrophotometry]	0.4	mg/dL	0 - 0.6	
TOTAL PROTEIN[Biuret]	7.80	g/dL	6.4 - 8.3	
ALBUMIN[Bromocresol Green]	4.50	g/dL	3.5 - 5	
GLOBULIN	<b>3.3</b>	g/dL	2 - 3	
A:G RATIO	1.3		0.8 - 2.5	
SGOT (AST)[Multipoint Rate with P-5-P]	17.00	U/L	14 - 36	
SGPT (ALT)[Multipoint Rate with P-5-P]	20.00	U/L	< 35	
GGT[-glutamyl-p-nitroanilide]	13.00	IU/L	12 - 43	
ALP[Enzymatic ]	65.00	U/L	38 - 126	

**DISCLAIMER :** The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---



VERIFIED BY  
Nutan N



### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 12:29
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>GLUCOSE POST PRANDIAL SUGAR ( PPBS ), (Sample Received On:8 Mar, 2025 11:30:40 AM)</b>				
POST PRANDIAL BLOOD SUGAR[GOD-POD]	103	mg/dL	70 - 140	Serum

**DISCLAIMER** : The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---

VERIFIED BY  
Nutan N



**Mr. SREENIVAS H L | M.Sc-Medical  
Biochemistry  
Clinical Biochemist**

### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 14:36
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>POST PRANDIAL URINE SUGAR</b> (Sample Received On:8 Mar, 2025 11:30:40 AM)	NIL			Urine

**DISCLAIMER** : The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---

VERIFIED BY  
Nutan N



**Mr. SREENIVAS H L | M.Sc-Medical  
Biochemistry  
Clinical Biochemist**

### LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. R KUSUMA	<b>MR No</b>	: PTH202500272901
<b>Age/Sex</b>	: 48 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919741039033	<b>Reported on</b>	: 08-03-2025 11:15
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### CLINICAL PATHOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>URINE ROUTINE AND MICROSCOPY (QUALITATIVE METHOD), (Sample Received On:8 Mar, 2025 8:54:00 AM)</b>				
PHYSICAL EXAMINATION				
Volume	30	mL	NA	Urine
Colour	PALE YELLOW		Pale Yellow	
Appearance	CLEAR		Clear	
CHEMICAL EXAMINATION(Automated)[Reagent Strip Method]				
pH	6.5		5.0 - 8.0	
Specific Gravity	1.005		1.001 - 1.035	
Albumin	NIL		TRACE, - 0.15g/L PRESENT(1+) - 0.3g/L PRESENT(2+) - 1.0g/L PRESENT(3+) - 3.0g/L PRESENT(4+) - 20g/L	
Sugar	NIL		TRACE - 100mg/dl PRESENT(1+) - 200mg/dl PRESENT(2+) - 500mg/dl PRESENT(3+) - 1000mg/dl PRESENT(4+)2000mg/dl	
Ketone Bodies	NIL		NIL	
Nitrite	Negative		NA	
Bilirubin	Negative		Negative	
Urobilinogen	Normal		Normal	
MICROSCOPY[Manual Method]				
RBCs	1-2	/hpf	0 - 3/HPF	
Pus Cells	2-3	/hpf	0 - 5/HPF	
Epithelial Cells	1-2	/hpf	0 - 2/HPF	
Casts	NIL		NIL	
Crystals	NIL		NIL	
Others	NIL			

**DISCLAIMER :** The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---



VERIFIED BY  
Nagesh N

**DR SOWMYA T M | DNB,PDF(Oncopathology)**  
**Consultant Pathologist**  
**KMC NO 85654**