

Name : Ms. NITA M D ALMEIDA
PID No. : MED112084585
SID No. : 424010160
Age / Sex : 47 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 24/02/2024 8:39 AM
Collection On : 24/02/2024 9:50 AM
Report On : 26/02/2024 1:06 PM
Printed On : 28/02/2024 2:50 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.0	%	37 - 47
RBC Count (EDTA Blood)	4.42	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.4	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	43.95	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	71.6	%	40 - 75
Lymphocytes (EDTA Blood)	18.7	%	20 - 45
Eosinophils (EDTA Blood)	3.4	%	01 - 06
Monocytes (EDTA Blood)	5.7	%	01 - 10



MC-5606



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Basophils (Blood)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.72	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	0.97	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.18	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.30	10 ³ / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 ³ / μl	< 0.2
Platelet Count (EDTA Blood)	182	10 ³ / μl	150 - 450
MPV (EDTA Blood)	9.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	20	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.19	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/GOD - POD)	Negative	Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	89.04	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.9	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.67	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)	6.65	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.88	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.36	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.52	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	11.08	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.99	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.79	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	65.9	U/L	42 - 98
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Total Protein (Serum/Biuret)	6.92	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.32	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.66		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	207.11	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	179.45	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)	36.15	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	135.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	35.9	mg/dL	< 30



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The results pertain to sample tested.

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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. Bashvam Circle

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Non HDL Cholesterol (Serum/Calculated)	171.0	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)	5.7		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)	5		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)	3.7		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)	5.4	%	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)	108.28	mg/dL	
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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 glycaemic 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)	0.984	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)	7.35	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)	3.85	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 < 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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Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE COMPLETE)</u>			
pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.016		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
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+++)		

MICROSCOPIC EXAMINATION (URINE COMPLETE)



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Pus Cells (Urine)	10-15	/hpf	NIL
Epithelial Cells (Urine)	4-6	/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

PHYSICAL EXAMINATION(STOOL COMPLETE)

Mucus (Stool)	Absent	Absent
Consistency (Stool)	Semi Solid	Semi Solid to Solid
Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent

MICROSCOPIC EXAMINATION (STOOL COMPLETE)

Ova (Stool)	NIL	NIL
Cysts (Stool)	NIL	NIL



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Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	0-1	/hpf	NIL
Others (Stool)	NIL		

CHEMICAL EXAMINATION(STOOL ROUTINE)

Reaction (Stool)	Acidic	Alkaline
Reducing Substances (Stool/Benedict's)	Negative	Negative



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BUN / Creatinine Ratio	10.3		6.0 - 22.0



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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE

STOOL ANALYSIS - ROUTINE



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-- End of Report --

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***PAP Smear by LBC(Liquid based Cytology)**

PAP Smear by LBC(Liquid based Cytology)

Lab No : GC-430 /24

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells
: Present

General categorization : Within normal limits

DESCRIPTION : Smear studied shows superficial squamous cells, intermediate cells and parabasal cells in the background of sheets of neutrophils and few lymphocytes.

INTERPRETATION : Negative for intraepithelial lesion or malignancy.



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

Name	Ms.NITA M D ALMEIDA	ID	MED112084585
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. 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. 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 shows 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 made out. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.2	1.6
Left Kidney	10.7	1.3

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

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 3mm

Uterus measures as follows: LS: 7.9cms AP: 3.3cms TS: 4.4cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 2.9 x 1.5cms **Left ovary:** 1.9 x 1.4cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

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11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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- **FATTY LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY DETECTED.**

**DR. APARNA
CONSULTANT RADIOLOGIST**

A/vp

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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

MAMMOGRAPHY OF BOTH BREASTS

Both breasts show symmetrical fibro fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

ASSESSMENT: BI-RADS CATEGORY -1

DR. APARNA
CONSULTANT RADIOLOGIST

A/

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation

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- 1 **Negative. Routine mammogram in 1 year recommended.**
- 2 Benign finding. Routine mammogram in 1 year recommended.
- 3 Probably benign finding. Short interval follow-up suggested.
- 4 Suspicious. Biopsy should be considered.
- 5 Highly suggestive of malignancy. Appropriate action should be taken.

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- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	Ms. NITA M D ALMEIDA	ID	MED112084585
Age & Gender	47Y/F	Visit Date	Feb 24 2024 8:39AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

FINDINGS:

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

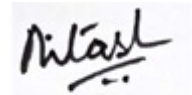
Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.



Dr. Nitash Prakash MBBS., MD
Consultant Radiologist