

Name : Mrs. SINDHU P S
PID No. : MED111175961 Register On : 25/06/2022 7:30 AM
SID No. : 922035936 Collection On : 25/06/2022 8:05 AM
Age / Sex : 36 Year(s) / Female Report On : 25/06/2022 4:03 PM
Type : OP Printed On : 27/06/2022 5:51 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	41.9	%	37 - 47
RBC Count (EDTA Blood)	4.73	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.7	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.9	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	60.1	%	40 - 75
Lymphocytes (EDTA Blood)	28.1	%	20 - 45
Eosinophils (EDTA Blood)	4.1	%	01 - 06


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

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Monocytes (EDTA Blood)	7.3	%	01 - 10
Basophils (EDTA Blood)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.7	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.7	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.2	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	237	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.201	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	14	mm/hr	< 20



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BIOCHEMISTRY


Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.64	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.42	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.81	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	8.86	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.72	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	71.5	U/L	42 - 98
Total Protein (Serum/Biuret)	6.70	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.28	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.42	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.77		1.1 - 2.2



Dr. Arjun C.P
 MBBS, MD Pathology
 Reg No: KMC 89655

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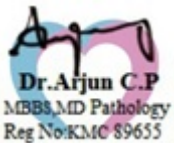
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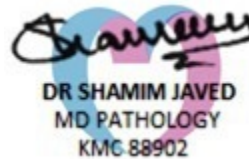
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	166.02	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	97.29	mg/dL	Optimal: < 150 Borderline: 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)	36.18	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	110.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	129.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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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)	4.6		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)	2.7		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		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

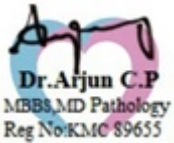
Estimated Average Glucose 108.28 mg/dL
(Whole Blood)

INTERPRETATION: Comments

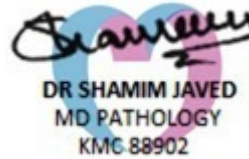
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.36	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)	8.51	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)	1.52	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.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.004		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



DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049

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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	1-3	/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


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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	10		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.48	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)	79.45	mg/dL	70 - 140

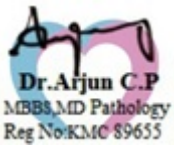
INTERPRETATION:

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.

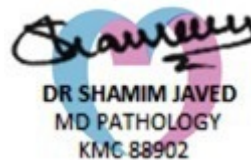
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.60	mg/dL	0.6 - 1.1

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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	2.89	mg/dL	2.6 - 6.0
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' Positive'		
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Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

36 Years

Female

QRS	84 ms
QT / QTcBaz	402 / 430 ms
PR	142 ms
P	100 ms
RR / PP	864 / 869 ms
P / QRS / T	66 / 48 / 50 degrees



Technician: koms
Ordering Ph: MEDIWHEEL
Referring Ph: MEDIWHEEL
Attending Ph:

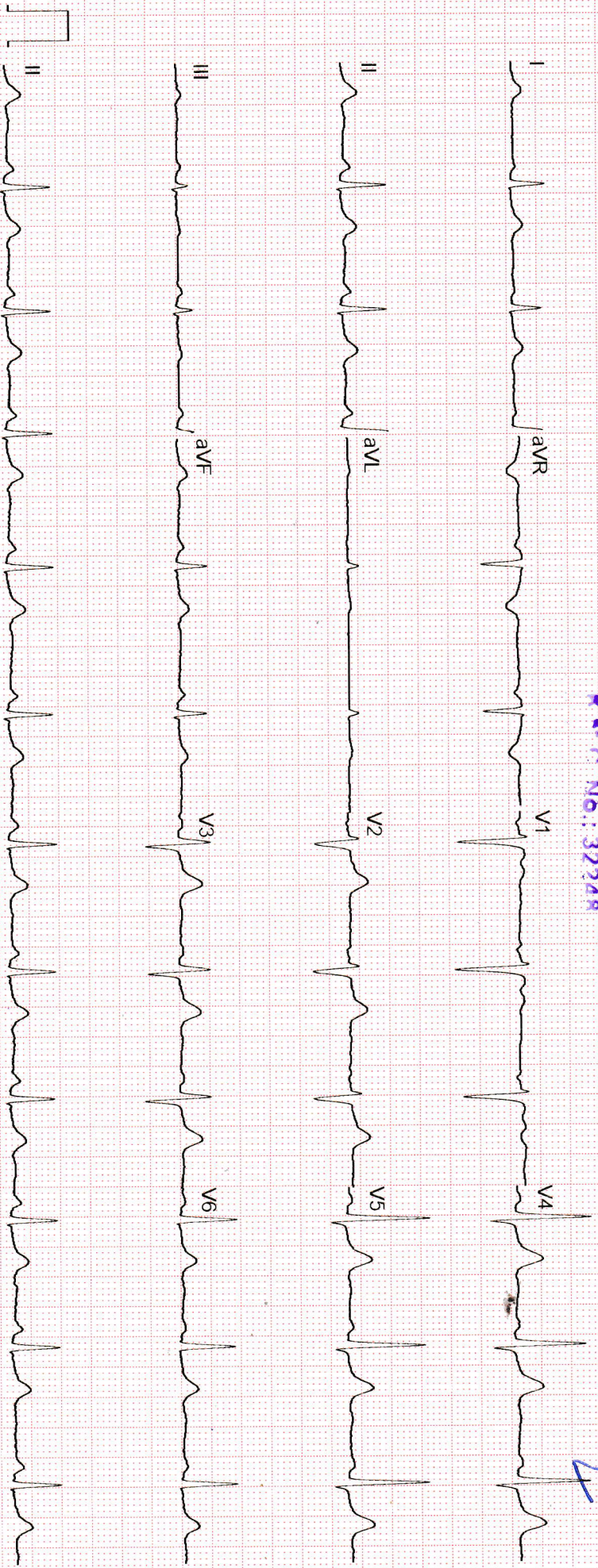
69 bpm
--- mmHg

(Needs Clinical Correlation
for further Management)

Dr. SRIDHAR .L
M.D. (Gen. Med. Cardio), FICC
International Cardiologist
Reg. No: 322248

MM
RM + 40°

Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4X2 5X3_25_R1

Unconfirmed

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Age & Gender	36Y/FEMALE	Visit Date	25/06/2022
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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.18	cms
LEFT ATRIUM	:	2.62	cms
AVS	:	1.58	cms
LEFT VENTRICLE (DIASTOLE)	:	4.29	cms
(SYSTOLE)	:	2.98	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.98	cms
(SYSTOLE)	:	1.88	cms
POSTERIOR WALL (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	2.73	cms
EDV	:	82	ml
ESV	:	34	ml
FRACTIONAL SHORTENING	:	30	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.59	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.98m/s 'A' -0.69m/s	NO MR
AORTIC VALVE	:1.54 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR

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:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml **Dr. SRIDHAR .L**
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist

K.M.C. No.: 32248

MEDALL CLUMAX DIAGNOSTICS

Customer Name	Ms. Sindhee P.S	Customer ID	111175961
Age & Gender	36 yrs female	Visit Date	25/6/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	6/6	6/6
Distance Vision	6/6	6/6
Colour Vision	(N)	(N)

Observation / Comments:

No comments
Client using Spectacles Last 20yrs.

CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011

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Age & Gender	36Y/FEMALE	Visit Date	25/06/2022
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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 show 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 show 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 madeout.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.6
Left Kidney	9.4	1.4

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

UTERUS is anteverted and bulky in size.
It has uniform myometrial echopattern.
Endometrial echo is of normal thickness – 10.0mms.

Uterus measures as follows:

LS: 10.4cms AP: 3.2cms TS: 5.3cms.

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:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.5 x 1.6 cms.

Left ovary: 2.6 x 1.6 cms.

POD & adnexa are free.

No evidence of ascites.

Impression: Bulky uterus.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND
Ms/so


DR. MAHESH. M. S

DR. HIMA BINDU.P

Name	SINDHU P S	Customer ID	MED111175961
Age & Gender	36Y/F	Visit Date	Jun 25 2022 7:30AM
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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: Essentially normal study.



DR. MAHESH M S
CONSULTANT RADIOLOGIST

