PID No.
 : MED111701289
 Register On
 : 24/06/2023 9:43 AM

 SID No.
 : 712321432
 Collection On
 : 24/06/2023 12:01 PM

 Age / Sex
 : 58 Year(s) / Female
 Report On
 : 25/06/2023 11:53 AM

Printed On

Type : OP

Ref. Dr : MEDIBUDDY RETAIL



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

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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin	13.1	g/dL	12.5 - 16.0
(EDTA Blood Spectrophotometry)			

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	39.9	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.94	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	81.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	26.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.7	g/dL	32 - 36
RDW-CV (Derived)	14.6	%	11.5 - 16.0
RDW-SD (Derived)	41.39	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7680	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	54	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	33	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 06









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Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.15	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.53	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.61	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.38	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	257	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i>)	12.3	fL	8.0 - 13.3
PCT	0.32	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	08	mm/hr	< 30

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.50	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.37		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the p	oreferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	15	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	118	U/L	53 - 141
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18	U/L	< 38





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	143	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	141	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	39	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	75.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	28.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	104.0	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.





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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.7		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C	8.7	%	Normal: 4.5 - 5.6

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Diabetic: >= 6.5

Estimated Average Glucose 202.99 mg/dl

(Whole Blood)

(Whole Blood/HPLC)

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 HbAlC 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 HbAlc.





Prediabetes: 5.7 - 6.4

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	Value		Reference Interval

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.96 0.4 - 1.81ng/ml

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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.

Microg/dl 4.2 - 12.0 T4 (Thyroxine) - Total 11.53

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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) 7.80 uIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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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Investigation	<u>Observed</u> <u>Ur</u>	<u>Biological</u>
	Value	Reference Interval

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour Pale Yellow Yellow to Amber

(Urine/Physical examination)

Volume 20 ml

(Urine/Physical examination)

Appearance Clear

(Urine)

CHEMICAL EXAMINATION

pH 6.5 4.5 - 8.0

(Urine)

Specific Gravity 1.010 1.002 - 1.035

(Urine/Dip Stick oʻ'Reagent strip method)

Protein Negative Negative

(Urine/Dip Stick ó"Reagent strip method)

Glucose Positive(+) Nil

(Urine)

Ketone Nil Nil

(Urine/Dip Stick oʻ''Reagent strip method)

Leukocytes Negative leuco/uL Negative

(Urine)

Nitrite Nil Nil

(Urine/Dip Stick ó"Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)

Blood Nil Nil

(Urine)









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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Urobilinogen (Urine/Dip Stick ó"Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil







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InvestigationObservedUnitBiologicalValueReference Interval

'O' 'Positive'

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by Gel method.

Sr.LabTechnician

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Investigation	Observed <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	7.5		

Glucose Fasting (FBS) 97 mg/dL Pre Diabetic: 100 - 125 (Plasma - F/GOD- POD) Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting Positive(+) Nil

(Urine - F)

Glucose Postprandial (PPBS) 212 mg/dL 70 - 140

(Plasma - PP/GOD - POD)

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 Sugar (PP-2 hours) (Urine - PP)	Sample Not Given		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.2	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Jaffe Kinetic</i>)	1.1	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-acetylcyteine, chemotherapeutic agent such as flucytosine

Uric Acid 5.4 mg/dL 2.6 - 6.0

(Serum/Uricase/Peroxidase)





Normal: < 100

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-- End of Report --



Name	Mrs. SAVITHRAMMA H D	ID	MED111701289
Age & Gender	58Y/F	Visit Date	Jun 24 2023 9:43AM
Ref Doctor	MEDIBUDDY RETAIL		

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. MOHAN. B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST