

Diagnosics & Speciality Centre

NAME	: Mrs. RENUKAMMA	MR NO.	: 22080568
AGE/SEX	: 53 Yrs / Female	VISIT NO.	: 160359
REFERRED BY	:	DATE OF COLLECTION	: 14-08-2022 at 09:22 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 14-08-2022 at 01:39 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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MEDIWHEEL HEALTH CHECKUP FEMALE

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	12.4 gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	37.6 %	36 - 47 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	4.44 million/cu.mm	4 - 5.2 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	2.97 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	84.7 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	27.8 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	32.8 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	8820 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	51 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	32 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	10 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	07 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	22 mm/hr	0 - 20 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Positive	

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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

5.6 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

Therapeutic goal for glycemic control :

Goal for therapy: < 7.0%

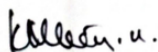
Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG) 114.02 mg/dL
Calculation

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

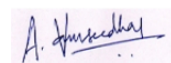


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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.32 mg/dL	0.2 - 1.2 mg/dL
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.14 mg/dL	0 - 0.4 mg/dL
INDIRECT BILIRUBIN <i>Calculation</i>	0.18 mg/dl	0.2 - 0.8 mg/dl
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	18.2 U/L	up to 31 U/L
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	15.3 U/L	up to 46 U/L
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	91 U/L	36 - 113 U/L
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	20.6 U/L	5 - 55 U/L
TOTAL PROTEIN <i>Biuret Colorimetric</i>	7.19 g/dl	6.2 - 8 g/dl
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.37 g/dl	3.5 - 5.2 g/dl
S.GLOBULIN <i>Calculation</i>	2.8 g/dl	2.5 - 3.8 g/dl
A/G RATIO <i>Calculation</i>	1.6	1 - 1.5
FASTING BLOOD SUGAR <i>Hexokinase</i>	92.3 mg/dl	70 - 110 mg/dl

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LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	244 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	109.2 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	50.2 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	172.0 mg/dL	up to 100 mg/dL 100-129 mg/dL- Near optimal/above optimal 130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High	
VLDL CHOLESTEROL <i>Calculation</i>	21.8 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	4.9	up to 3 3.0-4.4 - Moderate >4.4 - High	
LDL/HDL RATIO <i>Calculation</i>	3.4	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	33.8 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.76 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	4.0 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	137 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.0 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	113.3 mg/dl	80 - 150 mg/dl	

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.010	1.005-1.035
pH	6.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	4 - 5 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	3 - 4 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL
Crystal <i>Light Microscopic</i>	NIL	Nil

FASTING URINE SUGAR (FUS)	NIL	NIL
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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
POSTPRANDIAL URINE SUGAR	NIL	NIL	

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RADIOLOGY

X - RAY - MAMMOGRAM BOTH SIDES

TECHNIQUE:

Full field digital mammography of both breasts was performed in cranio-caudal and medio-lateral oblique views

OBSERVATION:

Bilateral type A breast parenchyma (the breasts shows entirely fatty tissue).

The fibroglandular density is normal for age in both breasts.

Nipple and subareolar tissue are normal.

No retraction or skin thickening is seen.

Subcutaneous tissue and cooper's ligaments are normal.

No evidence of any distortion of the tissues seen.

The pectoralis and retro mammary space appears normal.

No abnormal macrocalcification/ microcalcification seen.

No significant bilateral axillary lymph nodes.

USG SCREENING:

Few subcentimeteric size left axillary lymph nodes with preserved fatty hilum.

Few right axillary lymph nodes with preserved fatty hilum, largest measuring 11 x 4 mm

Right breast:

No evidence of any solid/ cystic mass lesion noted.

Left breast:

No evidence of any solid/ cystic mass lesion noted.

IMPRESSION:

- **Bilateral type A breast parenchyma (the breasts shows entirely fatty tissue).**
- **No significant abnormality in bilateral mammograms.**
- **No evidence of any focal lesion on USG correlation.**

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RIGHT BREAST: BI-RADS I

LEFT BREAST: BI-RADS I

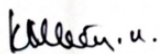
NOTE: BI – RADS SCORING KEY

- O – Needs additional evaluation;
- I – Negative
- II – Benign findings
- III – Probably benign
- IV – Suspicious abnormality – Biopsy to be considered
- V – Highly suggestive of malignancy,
- VI – Known biopsy proven malignancy

**Dr. Girish B DMRD, DNB
FELLOWSHIP IN MSK RADIOLOGY**

(USA)

Consultant Radiologist

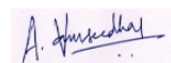


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IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) CMA	1.50 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) CMA	8.77 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) CMA	1.741 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Sumalatha on 14-08-2022 at 01:39 PM



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