

NAME:	Mrs. MAHADEVI	DATE:	11-02-2023
AGE:	41 YEARS	ID. NO:	201614
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- No significant abnormality in the visualized lung fields.


Dr. SAHANA C MDRD, DNB
Consultant Radiologist

ID Card: MAHADEVI

Name: MAHADEVI

Age: 41

Weight(Kg): 72

Gender: Female

Height(cm):

BP(mmHg): 127/87

P-R.....ms 170

Q-R-S.....ms 90

QT/QTc.....ms 353/453

P/QRS/T AXES.....deg 56/13/56

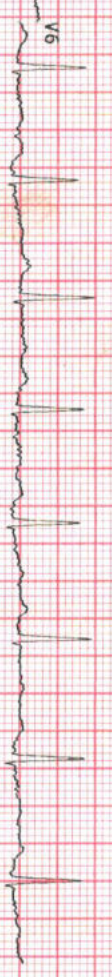
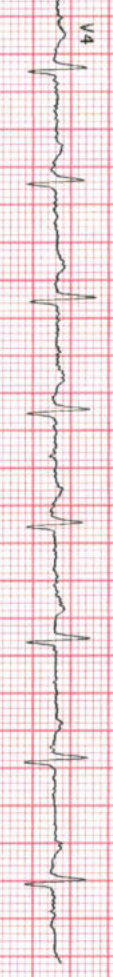
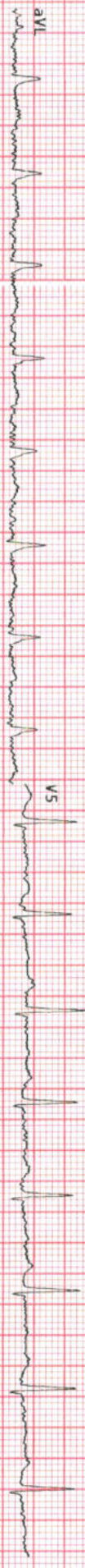
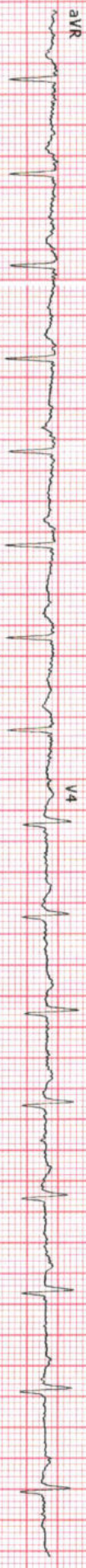
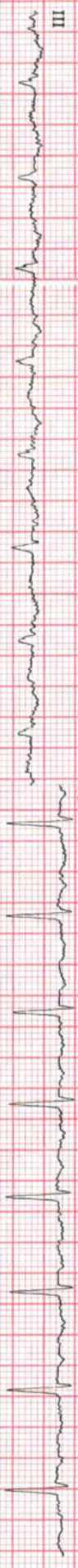
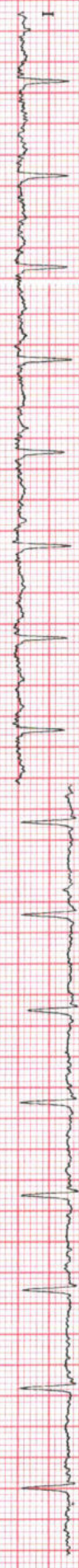
RV5/SV1.....mV 0.85/0.74

RV5+SV1.....mV 1.59

*The result must be confirmed by doctor!

801 Sinus Rhythm
601 T Abnormality (flat T)
** SUSPECTED ABNORMAL ECG **

Report Confirmed by:



10mm/mV
25mm/s
AC-ON 0.05-35Hz

10mm/mV

Name	: Ms. MAHADEVI	REG/LAB NO.	: 23020093 / 1254
AGE/SEX	: 41 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 09:11 AM
REFERRED BY	:	DATE OF REPORT	: 13-02-2023 at 06:01 PM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
BLOOD GROUP	"A"	
RH TYPE	POSITIVE	
COMPLETE BLOOD COUNT(CBC)		
HAEMOGLOBIN	12.4 gm/dl	12 - 16 gm/dl
TOTAL COUNT	6800 cells/cumm	4000 - 11000 cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHILS	55 %	40 - 70 %
LYMPHOCYTES	36 %	20 - 45 %
EOSINOPHILS	01 %	2 - 8 %
MONOCYTES	08 %	1 - 6 %
BASOPHILS	00 %	0 - 1 %
PLATELET COUNT	2.7 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
R.B.C COUNT	4.2 mill/cumm	4 - 5.5 mill/cumm
PACKED CELL VOLUME (PCV)	39 %	37 - 47 %
M.C.V	92 fl	80 - 98 fl
M.C.H	29 pg	26 - 34 pg
M.C.H.C	31 %	31 - 38 %
ESR	15 mm/hr	0 - 20 mm/hr

Interpretation:

ESR is non specific marker of inflammatory process. Its main clinical utility is in monitoring the course or response to treatment of various acute and chronic disorders like hematologic diseases, malignancy, collagen vascular disorders and renal diseases.

FASTING BLOOD SUGAR	113 mg/dl	60 - 110 mg/dl
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COMMENTS :

80 - 99 mg/dL : Normal, 100 - 125 mg/dL : Impaired Fasting Glucose (Pre-Diabetes), >126 mg/ dL : Diabetes.

reference intervals for FBS from ADA RECOMMENDATION 2015.

A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

Impaired fasting glucose (IFG) : Fasting glucose repeatedly is at upper limit, family history or abnormal lipid profile.

Advised : HbA1c and clinical correlation.

NOTE :

In absence of pregnancy, IGT and IFG are risk factors for future DM and cardiovascular disease ; they are not clinical entities.

A person's blood glucose levels normally move up and down depending on meals , Exercise, sickness, and stress.



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TEST PARAMETER	RESULT	REFERENCE RANGE
HbA _{1c} (GLYCOSYLATED Hb) <small>HPLC</small>	5.3 %	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5

MEAN BLOOD GLUCOSE Calculated 101.9

Degree of Control	HbA _{1c}	MBG
Normal	< 6.0 %	61-124 mg/dl
Good Control	6.0-7.0 %	124-156 mg/dl
Fair Control	7.0-8.0 %	158-188 mg/dl
Poor Control	> 8.0 %	>188 mg/dl

Note:

1. Since HbA_{1c} reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA_{1c}.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:

HbA_{1c} 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. ADA criteria for correlation between HbA_{1c} & Mean plasma glucose levels.

POST PRANDIAL BLOOD SUGAR	148 mg/dl	70 - 140 mg/dl
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TEST PARAMETER	RESULT	REFERENCE RANGE
COMPLETE URINE ANALYSIS		
PHYSICAL CHARACTERS		
COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.015	1.005-1.030
pH	6.0	4.5-7.0
CHEMICAL CONSTITUENTS		
ALBUMIN	PRESENT (+)	ABSENT
SUGAR	GREEN(+)	ABSENT
BILE SALTS	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT
KETONE BODIES	ABSENT	ABSENT
MICROSCOPY		
PUS CELLS	4 - 5 /hpf	4-6
R.B.C	0 - 1 /hpf	0-4
EPITHELIAL CELLS	2 - 3 /hpf	0-2
CASTS	ABSENT	ABSENT
CRYSTALS	ABSENT	ABSENT
LIPID PROFILE TEST (LPT)		
TOTAL CHOLESTEROL	162 mg/dl	up to 200 mg/dl
TRIGLYCERIDES	92 mg/dl	up to 200 mg/dl Special condition: Borderline high risk : 200 - 400 mg/dL Elevated : > 400 mg/dL
HDL CHOLESTEROL - DIRECT	37 mg/dl	35 - 55 mg/dl
LDL CHOLESTEROL - DIRECT	106.6 mg/dl	up to 150 mg/dl
VLDL CHOLESTEROL	18.4 mg/dl	0 - 60 mg/dl
TC/HDL	4.4	
LDL/HDL	2.9	



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TEST PARAMETER	RESULT	REFERENCE RANGE
LIVER FUNCTION TEST (LFT)		
TOTAL BILIRUBIN	0.7 mg/dl	0 - 1 mg/dl
DIRECT BILIRUBIN	0.3 mg/dl	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	0.4 mg/dl	0 - 0.75 mg/dl
TOTAL PROTEIN	8.3 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.4 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	3.9 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.1	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST)	28 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	30 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	91 IU/L	25 - 147 IU/L
RENAL FUNCTION TEST (RFT)		
BLOOD UREA	21 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	4.1 mg/dL	3.2 - 6.4 mg/dL
SERUM CREATININE	0.7 mg/dL	0.6 - 1.4 mg/dL



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TEST PARAMETER	RESULT	REFERENCE RANGE
THYROID PROFILE (T3, T4, TSH)		
TOTAL TRIIODOTHYRONINE (T3) <small>CLIA</small>	1.63 ng/mL	0.60-1.81 1st Trimester :0.71 - 1.75 2nd Trimester :0.91 - 1.95 3rd Trimester :1.04 - 1.82
TOTAL THYROXINE (T4) <small>CLIA</small>	16.17 µg/dL	4.5-10.9 1st Trimester :6.5 - 10.1 2nd Trimester :7.5 - 10.03 3rd Trimester :6.3 - 9.7
THYROID STIMULATING HORMONE (TSH) <small>CLIA</small>	3.137 µIU/ml	0.35-5.5 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester :0.3 - 3.0

Note:

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50% hence time of the day has influence on the measured serum TSH concentrations.
- 2.Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3.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, Non thyroidal illness, Autoimmune thyroid disease, Pregnancy ,associated thyroid disorders, Thyroid dysfunction in infancy and early childhood

Dispatched by: Somashekara h c

**** End of Report ****

Printed by: Somashekara h c on 13-02-2023 at 06:01 PM

Lab Technician



Dr. Sowmya T.M
DNB ,PDF
Consultant Pathologist

