PID No. : MED111517899   **Register On** : 25/02/2023 8:12 AM

SID No. : 223003082   **Collection On** : 25/02/2023 8:54 AM

Age / Sex : 50 Year(s) / Female   **Report On** : 27/02/2023 5:58 PM

Type : OP   **Printed On** : 01/03/2023 1:38 PM

Ref. Dr : **MediWheel**

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination*)	'O' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*Spectrophotometry*)	12.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance*)	38.3	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation*)	4.23	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance*)	90.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance*)	29.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance*)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance*)	12.7	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance*)	40.27	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation*)	7890	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	57.5	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	32.9	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	1.9	%	01 - 06

Dr Gurupriya J
Pathologist
Reg No: 13-48036
VERIFIED BY

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Pathologist
Reg No: 13-48036
APPROVED BY

The results pertain to sample tested.   Page 1 of 7

Name	:	**Mrs. SMT UMAIYAL S**			
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SID No.	:	223003082	**Collection On**	:	25/02/2023 8:54 AM
Age / Sex	:	50 Year(s) / Female	**Report On**	:	27/02/2023 5:58 PM
Type	:	OP	**Printed On**	:	01/03/2023 1:38 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	7.3	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.4	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	4.54	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	2.60	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.15	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.58	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation*)	367	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance*)	8.3	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter*)	**0.30**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method*)	**41**	mm/hr	< 20
BUN / Creatinine Ratio	12.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	**106.2**	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

Dr Gurupriya J
Pathologist
Reg No: 13-48036
VERIFIED BY

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APPROVED BY

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Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

Name : **Mrs. SMT UMAIYAL S**

PID No. : MED111517899

SID No. : 223003082

Age / Sex : 50 Year(s) / Female

Type : OP

Ref. Dr : **MediWheel**

Register On : 25/02/2023 8:12 AM

Collection On : 25/02/2023 8:54 AM

Report On : 27/02/2023 5:58 PM

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*	128.0	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)*	8.6	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.69	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)*	5.8	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum/*DCA with ATCS)*	0.53	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.40	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	15.4	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	21.2	U/L	5 - 41

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Ref. Dr	:	MediWheel			

Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	27.3	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	77.5	U/L	42 - 98
Total Protein (Serum/*Biuret*)	6.74	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.06	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived*)	2.68	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.51		1.1 - 2.2

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	**297.2**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	**219.7**	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**54.3**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50

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medall
DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	**199**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/*Calculated*)	**43.9**	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	242.9	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	5.5		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*)	4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC*)	**5.7**	%	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 %

Dr Gurupriya J
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Reg No: 13-48036
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Investigation	Observed Value	Unit	Biological Reference Interval
Estimated Average Glucose (Whole Blood)	116.89	mg/dL	

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.

THYROID PROFILE / TFT

Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	1.00	ng/ml	0.7 - 2.04

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.

Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	6.76	μg/dl	4.2 - 12.0

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.

Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	2.86	μIU/mL	0.35 - 5.50

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&amplt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Dr Gurupriya J
Pathologist
Reg No: 13-48036

VERIFIED BY

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Pathologist
Reg No: 13-48036

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Urine Analysis - Routine			
COLOUR (Urine)	Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/*Protein error of indicator*)	Negative		Negative
Glucose (Urine/*GOD - POD*)	Negative		Negative
Pus Cells (Urine/*Automated ⁻Flow cytometry*)	**7 - 8**	/hpf	NIL
Epithelial Cells (Urine/*Automated ⁻Flow cytometry*)	**1 - 2**	/hpf	NIL
RBCs (Urine/*Automated ⁻Flow cytometry*)	NIL	/hpf	NIL
Casts (Urine/*Automated ⁻Flow cytometry*)	NIL	/hpf	NIL
Crystals (Urine/*Automated ⁻Flow cytometry*)	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.

Dr Gurupriya J
Pathologist
Reg No: 13-48036
VERIFIED BY

Dr Gurupriya J
Pathologist
Reg No: 13-48036
APPROVED BY

-- End of Report --

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PAP Smear by LBC(Liquid based Cytology)

SPECIMEN NO: Cy 480/2023

MICROSCOPIC FINDINGS:

ADEQUACY: Satisfactory.

PREDOMINANT CELLS: Squamous cells.

BACKGROUND: Clean.

ORGANISMS: Fungal organisms, morphologically consistent with Candida species.

IMPRESSION:

Vault smear:

Candidiasis.

Negative for intraepithelial lesion/ malignancy.

Dr Vidhyalakshmi R
MD Pathology
Reg No: 107562

APPROVED BY

-- End of Report --

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MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty with fibroglandular densities (ACR Type B parenchyma).

A small round, well circumscribed, high-density lesion, measuring 5.3 x 3.4 mm is noted in the 3 O' clock position of the left breast.

Both breasts show vascular calcification.

No breast asymmetry noted.

No intramammary ductal dilatation identified.

No obvious spiculation or architectural distortion noted.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axillae are clear.

IMPRESSION:
- **ACR Type B parenchyma.**
- **Left Breast lesion as described above- BIRADS - II.**
  - Suggested USG/ FNAC Correlation.
  - Suggested Annual Review Scans- ACR guidelines.

Dr Sharanya.S MD, DNB
Radiologist

Category - (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b - Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.