

Name : Ms. ANJALI SINGH

PID No. : MED121821321

Register On : 22/04/2023 9:20 AM

SID No. : 522306384

Collection On : 22/04/2023 9:55 AM

Age / Sex : 32 Year(s) / Female

Report On : 22/04/2023 4:51 PM

Type : OP

Printed On : 24/04/2023 4:30 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)	11.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	35.5	%	37 - 47
RBC Count (EDTA Blood)	4.13	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	85.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.6	g/dL	32 - 36
RDW-CV	13.6	%	11.5 - 16.0
RDW-SD	40.89	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6300	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	55.6	%	40 - 75
Lymphocytes (Blood)	33.4	%	20 - 45
Eosinophils (Blood)	2.6	%	01 - 06
Monocytes (Blood)	7.8	%	01 - 10



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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Basophils (Blood)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.50	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.10	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.16	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.49	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	221	10 ³ / μ l	150 - 450
MPV (Blood)	11.1	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	19	mm/hr	< 20



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.30	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.18	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	12.80	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	11.91	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.38	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	61.2	U/L	42 - 98
Total Protein (Serum/Biuret)	7.00	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.37	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.63	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.66		1.1 - 2.2



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	114.69	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	61.81	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)	44.11	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	58.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	70.6	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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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.6		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.0	%	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 96.8 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 glyemic 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)

1.11

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.

T4 (Tyroxine) - Total
(Serum/ECLIA)

6.85

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.

TSH (Thyroid Stimulating Hormone)
(Serum/ECLIA)

2.08

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&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)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.017		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
Glucose (Urine/GOD - POD)	Negative		Negative



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Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/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.



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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Reg No:KMC 89655

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BIOCHEMISTRY

BUN / Creatinine Ratio

10.6

6.0 - 22.0

Glucose Fasting (FBS)

91.26

mg/dL

Normal: < 100
Pre Diabetic: 100 - 125
Diabetic: >= 126

(Plasma - F/GOD-PAP)

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)

Negative

Negative

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

87.95

mg/dL

70 - 140

(Plasma - PP/GOD-PAP)

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)

Negative

Negative

(Urine - PP)

Blood Urea Nitrogen (BUN)

6.4

mg/dL

7.0 - 21

(Serum/Urease UV / derived)

Creatinine

0.60

mg/dL

0.6 - 1.1

(Serum/Modified Jaffe)

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

3.59

mg/dL

2.6 - 6.0

(Serum/Enzymatic)



APPROVED BY

-- End of Report --

Patient Name	Anjali Singh	Date	22/04/23
Age	32 Y	Visit Number	522306384
Sex	Female	Corporate	medicwheel

GENERAL PHYSICAL EXAMINATION

Identification Mark : ~

Height : 157 cms

Weight : 54.7 kgs

Pulse : 66b/m . /minute

Blood Pressure : 102/50 mm of Hg

BMI : 22.2 kg/m²

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 76 cms

Inspiration : 80 cms

Abdomen Measurement : 68 , cms

Eyes : B/L pupils equal size
⊕ myopia

Ears : NAD

Throat : NAD

Neck nodes : no palpable nodes

RS : B/L NVBS ⊕

CVS : S1S2 sounds clear

PA : soft ⊕ no tenderness

CNS : NAD.

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



Signature

Dr. RITESH RAJ, MBBS
General Physician & Diabetologist
KMC Reg. No. 85875

32 Years

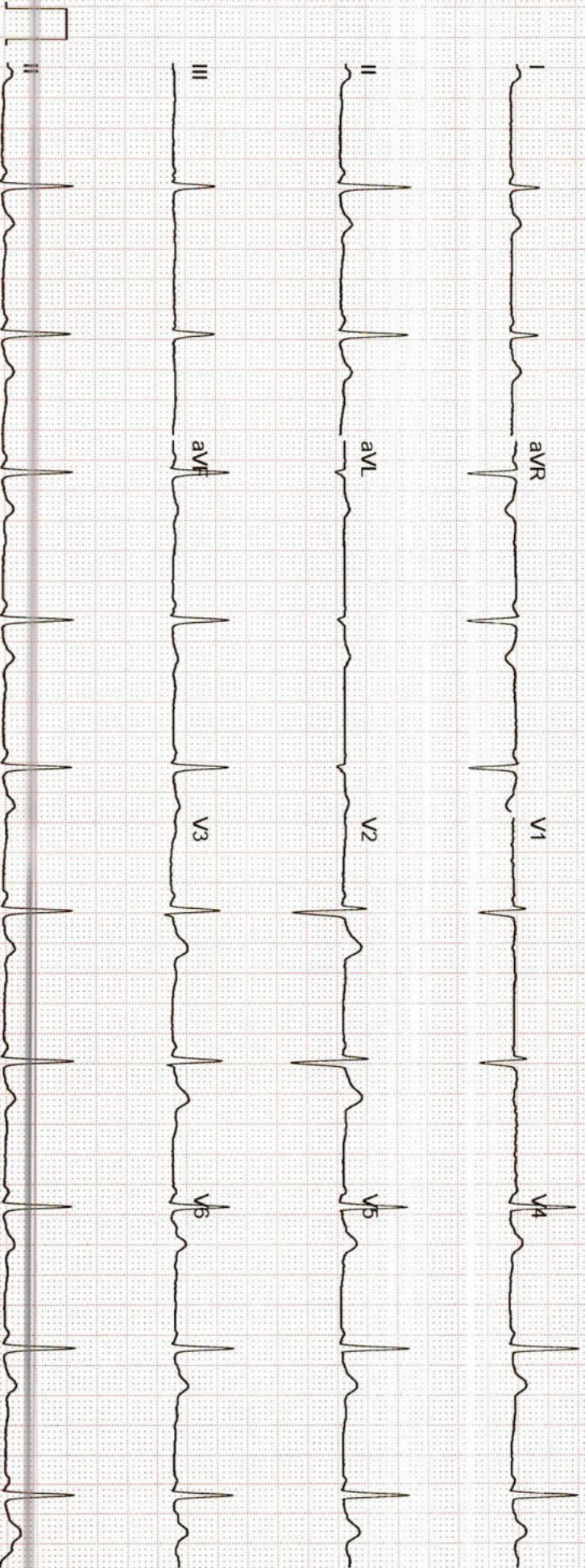
Female

QRS : 74 ms
QT / QTcBaz : 384 / 389 ms
PR : 100 ms
P : 94 ms
RR / PP : 966 / 967 ms
P / QRS / T : 46 / 67 / 42 degrees

Sinus rhythm with short PR
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten signature



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Age & Gender	32Y/FEMALE	Visit Date	22 Apr 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.2 cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows multiple calculi of varying sizes, ranging in size from 5 to 8 mm. No pericholecystic fluid. No wall thickening. CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.9	1.6
Left Kidney	10.1	1.3

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

UTERUS is retroverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 12.6 mm.

Uterus measures LS: 6.1 cms AP: 4.4 cms TS: 5.6 cms.

OVARIES:

Right ovary is bulky and measures 4.0 x 2.7 cm. It shows a hemorrhagic follicle measuring 25 x 21 x 23 mm with a volume of 6.3 cc, containing internal echoes and septations.

Left ovary measures 2.9 x 1.4 cm.

Minimal fluid in POD.

Adnexa are free.

No evidence of ascites.

IMPRESSION:

- **Cholelithiasis. No IHBRD.**
- **Right ovarian haemorrhagic follicle.**

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Suggested short term followup.

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGISTS
Hn/Mi

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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.01	cms.
LEFT ATRIUM	:	2.35	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	3.51	cms.
(SYSTOLE)	:	2.12	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	0.73	cms.
(SYSTOLE)	:	1.04	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	0.96	cms.
(SYSTOLE)	:	1.00	cms.
EDV	:	51	ml.
ESV	:	14	ml.
FRACTIONAL SHORTENING	:	39	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A -0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A -0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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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 prolapsed.

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.**

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DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	ANJALI SINGH	Customer ID	MED121821321
Age & Gender	32Y/F	Visit Date	Apr 22 2023 9:19AM
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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:

- *No significant abnormality detected.*



DR. HEMANANDHINI
CONSULTANT RADIOLOGIST