

## Mediclu Diagnostics & Speciality Centre

### Patient Details

Date: 11-Feb-23

Time: 13:05:43

Name: MRS VARALAKSHMI ID: 258741545

Age: 41 y

Sex: F

Height: 150 cms

Weight: 61 Kgs

### Interpretation

- Target heart rate achieved 87%.
- Average effort tolerance, Normal HR & BP response.
- No significant ST-T changes during exercise and recovery.
- No angina / Arrhythmias.

### IMPRESSION:

- TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

To correlate clinically.

Ref. Doctor: MEDIWHEEL

Doctor: DR LOKESH KM

( Summary Report edited by user )



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**Name:** MRS VARALAKSHMI    ID: 258741545  
**Age:** 41 y                              Sex: F                              Height: 150 cms                      Weight: 61 Kgs  
**Clinical History:**

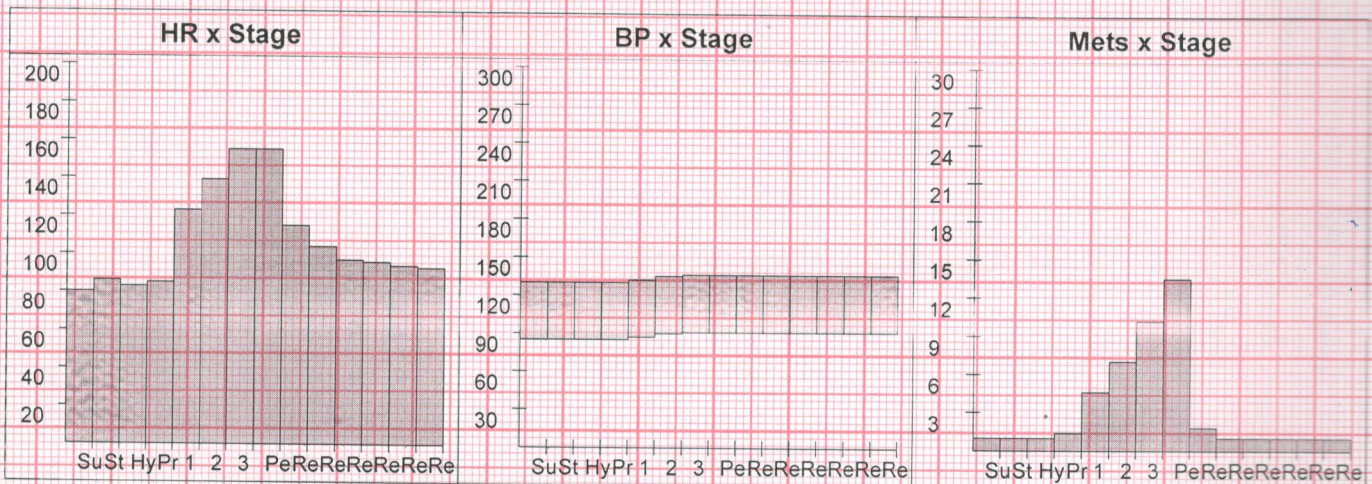
**Medications:**

### Test Details

**Protocol:** Bruce                      **Pr.MHR:** 179 bpm                      **THR:** 161 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 9 m 1 s                      **Max. HR:** 155 (87% of Pr.MHR) bpm                      **Max. Mets:** 13.50  
**Max. BP:** 136 / 91 mmHg                      **Max. BP x HR:** 21080 mmHg/min                      **Min. BP x HR:** 6800 mmHg/min  
**Test Termination Criteria:**

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mVs)
Supine	0 : 13	1.0	0	0	80	130 / 85	-0.21 aVR	0.71 I
Standing	0 : 13	1.0	0	0	86	130 / 85	-0.42 II	0.71 I
Hyperventilation	0 : 7	1.0	0	0	83	130 / 85	-0.21 aVR	0.71 I
1	3 : 0	4.6	1.7	10	123	132 / 87	-2.12 II	5.66 V1
2	3 : 0	7.0	2.5	12	139	135 / 90	-1.06 II	1.42 I
3	3 : 0	10.2	3.4	14	155	136 / 91	-2.12 II	-2.83 V5
Peak Ex	0 : 1	13.5	4.2	16	155	136 / 91	-0.85 II	1.06 V3
Recovery(1)	1 : 0	1.8	1	0	115	136 / 91	-1.06 II	1.77 II
Recovery(2)	1 : 0	1.0	0	0	104	136 / 91	-0.42 aVR	1.77 II
Recovery(3)	1 : 0	1.0	0	0	97	136 / 91	-0.42 V3	1.42 II
Recovery(4)	1 : 0	1.0	0	0	96	136 / 91	-0.64 V5	0.71 II
Recovery(5)	1 : 0	1.0	0	0	94	136 / 91	-0.42 II	0.71 II
Recovery(6)	0 : 20	1.0	0	0	93	136 / 91	-0.42 II	0.71 II





NAME:	Mrs. VARALAKSHMI	DATE:	11-02-2023
AGE:	40 YEARS	ID. NO:	201612
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

### **USG REPORT - ABDOMEN AND PELVIS**

#### **OBSERVATION:**

#### **LIVER:**

Liver is normal in size (15.3 cm) and shows homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

#### **GALL BLADDER:**

Is partially distended contents clear.

#### **PANCREAS:**

Head and body visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

#### **SPLEEN:**

Normal in size (8.5cm) with normal echotexture. No focal lesion is seen.

#### **RIGHT KIDNEY:**

Right kidney measures 10.4 x 1.1 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

#### **Mild hydronephrosis seen.**

The shape, size and contour of the right kidney appear normal. Cortico-medullary differentiation is maintained. No sonologically detectable renal calculi seen.

#### **LEFT KIDNEY:**

Left kidney measures 10.7 x 1.1 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

#### **Mild hydronephrosis seen.**

The shape, size and contour of the left kidney appear normal. Cortico-medullary differentiation is maintained. No sonologically detectable renal calculi seen.

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### 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.

Prominent bilateral breast shadow.

#### IMPRESSION:

- No significant abnormality in the visualized lung fields.



**Dr. MOHAN S. MDRD**  
Consultant radiologist



Name : **Mrs. VARALAKSHMI**  
AGE/SEX : 40 Yrs / Female  
REFERRED BY :  
REF CENTER : MEDIWHEEL

REG/LAB NO. : 23020091 / 1252  
DATE OF COLLECTION : 11-02-2023 at 09:03 AM  
DATE OF REPORT : 13-02-2023 at 05:25 PM



TEST PARAMETER	RESULT	REFERENCE RANGE
BLOOD GROUP	"B"	
RH TYPE	NEGATIVE	
<b>COMPLETE BLOOD COUNT(CBC)</b>		
HAEMOGLOBIN	12.5 gm/dl	12 - 16 gm/dl
TOTAL COUNT	8500 cells/cumm	4000 - 11000 cells/cumm
<b>DIFFERENTIAL COUNT</b>		
NEUTROPHILS	55 %	40 - 70 %
LYMPHOCYTES	33 %	20 - 45 %
EOSINOPHILS	04 %	2 - 8 %
MONOCYTES	<b>08 %</b>	1 - 6 %
BASOPHILS	00 %	0 - 1 %
PLATELET COUNT	2.5 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
R.B.C COUNT	4.3 mill/cumm	4 - 5.5 mill/cumm
PACKED CELL VOLUME (PCV)	37 %	37 - 47 %
M.C.V	86 fl	80 - 98 fl
M.C.H	28 pg	26 - 34 pg
M.C.H.C	33 %	31 - 38 %
ESR	20 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** 98 mg/dl 60 - 110 mg/dl

**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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AGE/SEX	: 40 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 09:03 AM
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TEST PARAMETER	RESULT	REFERENCE RANGE
HbA1c (GLYCOSYLATED Hb) <i>HPLC</i>	5.3 %	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5

MEAN BLOOD GLUCOSE 101.9  
*Calculated*

Degree of Control	HbA1c	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 HbA1c 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 HbA1c.
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:**

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. ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

POST PRANDIAL BLOOD SUGAR	149 mg/dl	70 - 140 mg/dl
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TEST PARAMETER	RESULT	REFERENCE RANGE
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### COMPLETE URINE ANALYSIS

#### PHYSICAL CHARACTERS

COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.025	1.005-1.030
pH	6.5	4.5-7.0

#### CHEMICAL CONSTITUENTS

ALBUMIN	PRESENT (+)	ABSENT
SUGAR	NIL	ABSENT
BILE SALTS	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT
KETONE BODIES	ABSENT	ABSENT

#### MICROSCOPY

PUS CELLS	3 - 4 /hpf	4-6
R.B.C	NIL	0-4
EPITHELIAL CELLS	2 - 3 /hpf	0-2
CASTS	ABSENT	ABSENT
CRYSTALS	ABSENT	ABSENT
FASTING URINE SUGAR	NIL	NIL
POST PRANDIAL URINE SUGAR (PPUS)	NIL	NIL

### STOOL ANALYSIS

#### PHYSICAL EXAMINATION

CONSISTANCY	SEMI SOLID
COLOUR	BROWNISH
MUCUS	ABSENT
REDUCING SUGAR	ABSENT

#### MICROSCOPIC EXAMINATION

OVA	NIL
CYST	NIL
PUS CELLS	1-2 /hpf
RBC	NIL



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TEST PARAMETER	RESULT	REFERENCE RANGE
<b><u>LIPID PROFILE TEST (LPT)</u></b>		
TOTAL CHOLESTEROL	200 mg/dl	up to 200 mg/dl
TRIGLYCERIDES	<b>247 mg/dl</b>	up to 200 mg/dl <b>Special condition:</b> Borderline high risk : 200 - 400 mg/dL Elevated : > 400 mg/dL
HDL CHOLESTEROL - DIRECT	35 mg/dl	35 - 55 mg/dl
LDL CHOLESTEROL - DIRECT	115.6 mg/dl	up to 150 mg/dl
VLDL CHOLESTEROL	49.4 mg/dl	0 - 60 mg/dl
TC/HDL	5.7	
LDL/HDL	3.3	
<b><u>LIVER FUNCTION TEST (LFT)</u></b>		
TOTAL BILIRUBIN	<b>1.4 mg/dl</b>	0 - 1 mg/dl
DIRECT BILIRUBIN	<b>0.3 mg/dl</b>	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	<b>1.1 mg/dl</b>	0 - 0.75 mg/dl
TOTAL PROTEIN	8.2 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.7 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	3.5 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.3	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST)	22 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	27 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	64 IU/L	25 - 147 IU/L
<b><u>RENAL FUNCTION TEST (RFT)</u></b>		
BLOOD UREA	16 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	5.1 mg/dL	3.2 - 6.4 mg/dL
SERUM CREATININE	0.6 mg/dL	0.6 - 1.4 mg/dL





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TEST PARAMETER	RESULT	REFERENCE RANGE
<b><u>THYROID PROFILE (T3, T4, TSH)</u></b>		
TOTAL TRIIODOTHYRONINE (T3) <small>CLIA</small>	1.35 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>	11.27 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>	1.491 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 05:25 PM

Lab Technician



**Dr. Sowmya T.M**  
DNB ,PDF  
Consultant Pathologist

