Name	:	**Mrs. PERUBOINA VYSHNAVI**			
PID No.	:	MED111451766	**Register On**	:	12/01/2023 8:41 AM
SID No.	:	663879863	**Collection On**	:	12/01/2023 9:37 AM
Age / Sex	:	24 Year(s) / Female	**Report On**	:	12/01/2023 1:55 PM
Type	:	OP	**Printed On**	:	21/01/2023 3:46 PM
Ref. Dr	:	**MediWheel**			

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

Complete Blood Count With - ESR

Haemoglobin (Blood/*Spectrophotometry*)	13.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Numeric Integration of MCV*)	40.3	%	37 - 47
RBC Count (Blood/*Electrical Impedance*)	4.87	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/*Calculated*)	82.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Calculated*)	27.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Calculated*)	32.6	g/dL	32 - 36
RDW-CV (*Calculated*)	14.5	%	11.5 - 16.0
RDW-SD (*Calculated*)	42.02	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Electrical Impedance*)	7640	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance and absorbance*)	59.08	%	40 - 75
Lymphocytes (Blood/*Impedance and absorbance*)	31.24	%	20 - 45
Eosinophils (Blood/*Impedance and absorbance*)	2.58	%	01 - 06
Monocytes (Blood/*Impedance and absorbance*)	6.83	%	01 - 10

P.V. Pradeep
P.Venkata Pradeep
Lab Manager

VERIFIED BY

Dr. Tanusha
Consultant Pathologist
Reg No: 070707

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance and absorbance*)	0.27	%	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 (Blood/*Impedance and absorbance*)	4.51	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance*)	2.39	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance*)	0.20	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance*)	0.52	$10^3 / \mu l$	< 1.0
Absolute Basophil count (Blood/*Impedance*)	0.02	$10^3 / \mu l$	< 0.2
Platelet Count (Blood/*Impedance*)	2.60	lakh/cu.mm	1.4 - 4.5

INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
MPV (Blood/*Derived from Impedance*)	10.08	fL	8.0 - 13.3
PCT (*Calculated*)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser*)	14	mm/hr	< 20
BUN / Creatinine Ratio	11.0		
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase*)	92	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD*)	99	mg/dL	70 - 140

P.V. Pradeep
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VERIFIED BY

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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. 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.

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Calculated)	8.8	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe ¯ Alkaline Picrate)	0.8	mg/dL	0.6 - 1.1
Uric Acid (Serum/Uricase/Peroxidase)	5	mg/dL	2.6 - 6.0

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Calculated)	0.30	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	16	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	**106**	U/L	42 - 98
Total Protein (Serum/Biuret)	6.9	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	2.80	gm/dL	2.3 - 3.6

P.V. Pradeep
P.Venkata Pradeep
Lab Manager

VERIFIED BY

Tanusha
Dr. Tanusha
Consultant Pathologist
Reg No- 070707

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Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/*Calculated*)	1.46		1.1 - 2.2

INTERPRETATION: Enclosure : Graph

Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	14	U/L	< 38

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase*)	115	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol-phosphate oxidase/Peroxidase*)	75	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)*	**44**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	56	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/*Calculated*)	15	mg/dL	< 30

P.V. Pradeep
P.Venkata Pradeep
Lab Manager
VERIFIED BY

Tanusha
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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	71.0	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*)	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*)	1.7		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

Glycosylated Haemoglobin (HbA1c)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC-Ion exchange*)	5.3	%	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 %

Mean Blood Glucose (Whole Blood*)*	105.41	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.

P.V. Pradeep
P.Venkata Pradeep
Lab Manager
VERIFIED BY

Tanusha
Dr. Tanusha
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APPROVED BY

The results pertain to sample tested.   Page 5 of 7

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Investigation	Observed Value	Unit	Biological Reference Interval

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.27	ng/ml	0.7 - 2.04

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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 (Thyroxine) - Total	8.96	µg/dl	4.2 - 12.0

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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)	2.24	µIU/mL	0.35 - 5.50

(Serum/*Chemiluminescence*)

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.

Urine Analysis - Routine

Others	NIL		

(Urine/*Microscopy*)

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour	PALE YELLOW		Yellow to Amber

(Urine/*Physical examination*)

VERIFIED BY

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Consultant Pathologist
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Investigation	Observed Value	Unit	Biological Reference Interval
Appearance (Urine/*Physical examination*)	Clear		Clear
Chemical Examination(Urine Routine)			
Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method*)	Negative		Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict ̌s semi quantitative method.*)	Negative		Negative
Microscopic Examination(Urine Routine)			
Pus Cells (Urine/*Microscopy exam of urine sediment*)	2-3	/hpf	0 - 5
Epithelial Cells (Urine/*Microscopy exam of urine sediment*)	**3-5**	/hpf	NIL
RBCs (Urine/*Microscopy exam of urine sediment*)	NIL	/hpf	0 - 5

P.V. Pradeep
P.Venkata Pradeep
Lab Manager

VERIFIED BY

Dr. Tanusha
Consultant Pathologist
Reg No. 070707

APPROVED BY

-- End of Report --

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Name	PERUBOINA VYSHNAVI	ID	MED111451766
Age & Gender	24Y/F	Visit Date	Jan 12 2023 8:41AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver   :   Normal in size (13.2 cm) with regular outlines and normal echopattern.
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.

Gall Bladder :   Normal in volume and wall thickness.
No e/o intraluminal calculi seen.

Pancreas   :   Head, body and tail are identified with normal echopattern and smooth outlines.

Spleen   :   Measured 9.3 cm, in size with normal echotexture.

Right kidney :   Measured 9.1 x 3.7 cm in size.

Left kidney   :   Measured 8.5 x 4.9 cm in size.
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
No e/o calculi / space occupying lesion seen.
No e/o suprarenal / retroperitoneal masses noted.

Urinary bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi / masses seen.

Uterus   **:**   **Retroverted. Measured 7.0 x 3.9 x 5.2 cm in size with normal myometrial and endometrial echotexture. Endometrial echo measured 6 mm.**

Right ovary :   **Measured 3.6 x 2.2 x 3.6 cm (Vol : 15.4 cc) in size.**
Left ovary :   **Measured 3.4 x 2.0 x 3.0 cm (Vol : 11.5 cc) in size.**
Both ovaries are enlarged in size (*Right > Left*) with peripherally arranged tiny cysts and central echogenic stroma.

No e/o ascites / pleural effusion seen.
No e/o detectable bowel pathology seen.

Name	PERUBOINA VYSHNAVI	ID	MED111451766
Age & Gender	24Y/F	Visit Date	Jan 12 2023 8:41AM
Ref Doctor	MediWheel		

IMPRESSION :

- **Polycystic configuration of both ovaries.**

- For Clinical & Hormonal correlation.

Dr.Jahnavi Barla MD (RD), DGO.
Consultant Radiologist