

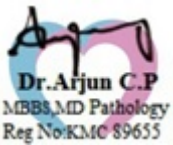


Name : Mrs. NAGARATNA M  
PID No. : MED120927045  
SID No. : 522212967  
Age / Sex : 55 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

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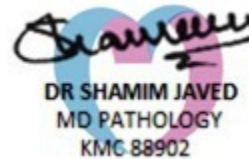


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.6	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.32	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.27	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.18	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.48	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	363	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived from Impedance)	<b>7.8</b>	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Modified Westergren)	10	mm/hr	< 30



Dr. Arjun C.P  
MBBS, MD Pathology  
Reg No: KMC 89655

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

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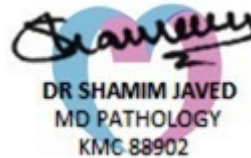
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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.1	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.1	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.6		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	24	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	78	U/L	53 - 141
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standardised IFCC)	<b>40</b>	U/L	< 38



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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	207	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	116	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)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	142.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	166.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



Dr SURAJ JAIN  
Consultant Pathologist  
Reg No : 80423

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.8	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Dr SURAJ JAEN  
Consultant Pathologist  
Reg No : 80423

VERIFIED BY



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MD PATHOLOGY  
KMC 88902

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose 148.46 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 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.



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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.22	ng/mL	0.4 - 1.81
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#### **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 (Serum/CMIA)	6.97	µg/dL	4.2 - 12.0
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#### **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/Chemiluminescent Microparticle Immunoassay(CMIA))	1.31	µIU/mL	0.35 - 5.50
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#### **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 SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

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## CLINICAL PATHOLOGY


### PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative

  
Dr RAVIKUMAR R  
MBBS, MD BIOCHEMISTRY  
CONSULTANT BIOCHEMIST  
Reg No : 78771  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY




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Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	1-2	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

  
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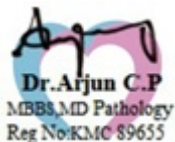
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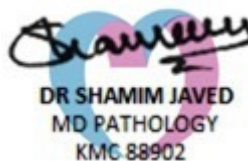
## IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' Positive'		
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**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	15.3		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	<b>107</b>	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.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	<b>156</b>	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.

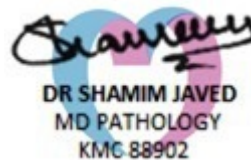
Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.6	mg/dL	0.6 - 1.1

**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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.4	mg/dL	2.6 - 6.0
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-- End of Report --

Name	NAGARATNA M	ID	MED120927045
Age & Gender	55/FeMale	Visit Date	29-03-2022 00:00:00
Ref Doctor Name	MediWheel		

**X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.**

### **BILATERAL MAMMOGRAPHY**

Breast composition Type A (The breasts are almost entirely fatty).

Small well defined opacities noted in the left retroareolar region.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

Bilateral small axillary lymphnodes are seen.

### **BILATERAL SONOMAMMOGRAPHY**

Right breast at 12 o'clock position shows well defined hypoechoic wider than taller lesions, measuring about 7.9 x 4.4mm and 2.5 x 1.8mm.

Rest of the breasts show normal echopattern.

No evidence of any other focal solid / cystic areas.

Retroareolar dilated ducts in the left breast.

Bilateral axillary lymphnodes are seen with preserved fatty hilum, largest measuring about 11 x5mm on left side.

#### **IMPRESSION:**

- **Hypoechoic lesions in right breast - probably benign.**
- **Bilateral benign axillary lymphnodes.**

**ASSESSMENT: BI-RADS CATEGORY -3**

#### **BI-RADS CLASSIFICATION**

#### **CATEGORY RESULT**

**3                                      Probably benign finding. Short interval follow-up suggested.**

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Age & Gender	55/FeMale	Visit Date	29-03-2022 00:00:00
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**DR. H.K. ANAND    DR. C.R RAMACHANDRA DR. LOHITH H.P    DR. VARSHA KALE**  
**CONSULTANT RADIOLOGISTS**

Vk/sm

Name	NAGARATNA M	ID	MED120927045
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and **shows mild diffusely increased echopattern**. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is distended and shows two to three calculi, largest measuring about 11 - 12mm causing posterior acoustic shadowing. Wall thickness is normal.

CBD is of normal calibre.

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

**SPLEEN** show normal shape, size and echopattern.

No demonstrable Para-aortic lymphadenopathy.

#### **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 (cm)	Parenchymal thickness (cm)
Right Kidney	10.7	1.7
Left Kidney	10.1	1.6

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

**UTERUS** - Not visualized - Post operative status.

No adnexal mass.

No evidence of ascites.

#### **IMPRESSION:**

- **Grade I fatty liver.**
- **Cholelithiasis. No biliary dilatation.**

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Ref Doctor Name	MediWheel		

**DR. H.K. ANAND   DR. C.R RAMACHANDRA   DR. LOHITH H.P   DR. VARSHA KALE**  
**CONSULTANT RADIOLOGISTS**

Lh/Ss

Name	NAGARATNA M	ID	MED120927045
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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA : 2.28 cms.  
 LEFT ATRIUM : 2.82 cms.  
 AVS : 1.45 cms.  
**LEFT VENTRICLE**  
 (DIASTOLE) : 3.97 cms.  
 (SYSTOLE) : 2.12 cms.  
**VENTRICULAR SEPTUM** :  
 (DIASTOLE) : 0.93 cms.  
 (SYSTOLE) : 1.23 cms.  
**POSTERIOR WALL** :  
 (DIASTOLE) : 0.89 cms.  
 (SYSTOLE) : 1.31 cms.  
 EDV : 68 ml.  
 ESV : 30 ml.  
 FRACTIONAL SHORTENING : 31 %  
 EJECTION FRACTION : 60 %  
 EPSS : --- cms.  
 RVID : 1.80 cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 1.0 m/s A - 0.8 m/s NO MR.  
 AORTIC VALVE: 1.1 m/s NO AR.  
 TRICUSPID VALVE: E - 0.5 m/s A - 0.4 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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Ref Doctor Name	MediWheel		

**DR. ANAND KUMAR M MD DM**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST**

Name	NAGARATNA M	Customer ID	MED120927045
Age & Gender	55Y/F	Visit Date	Mar 29 2022 8:52AM
Ref Doctor	MediWheel		

### 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. H.K. ANAND

DR. C.R. RAMACHANDRA

DR. VARSHA KALE

  
DR. LOHITH H.P

CONSULTANT RADIOLOGISTS