

NAME : Mrs. SAVITHA S  
 AGE/SEX : 45 Yrs / Female  
 REFERRED BY :  
 REF CENTER : MEDIWHEEL

MR NO. : 23080621  
 VISIT NO. : 178593  
 DATE OF COLLECTION : 16-08-2023 at 08:01 AM  
 DATE OF REPORT : 16-08-2023 at 02:54 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
<b>MEDIWHEEL HEALTH CHECKUP FEMALE</b>			
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	18.1 mg/dL	15 - 50 mg/dL	SERUM
CREATININE <i>Jaffe Kinetic</i>	0.66 mg/dL	0.4 - 1.4 mg/dL	SERUM
URIC ACID <i>Uricase-Peroxidase</i>	2.8 mg/dL	2.5 - 6 mg/dL	SERUM
<b>SERUM ELECTROLYTES</b>			
SODIUM <i>Ion Selective Electrode (ISE)</i>	138 mmol/L	136 - 145 mmol/L	SERUM
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.00 mmol/L	3.5 - 5.2 mmol/L	SERUM
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	SERUM
<b>LIVER FUNCTION TEST (LFT)</b> <i>Spectrometry</i>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.35 mg/dL	0.2 - 1.2 mg/dL	SERUM
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.13 mg/dL	0 - 0.4 mg/dL	SERUM
INDIRECT BILIRUBIN <i>Calculation</i>	0.22 mg/dl	0.2 - 0.8 mg/dl	SERUM
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	13 U/L	up to 31 U/L	SERUM
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	11.2 U/L	up to 46 U/L	SERUM
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	78 U/L	36 - 113 U/L	SERUM
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	14.6 U/L	5 - 55 U/L	SERUM
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.74 g/dl	6.2 - 8 g/dl	SERUM
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.71 g/dl	3.5 - 5.2 g/dl	SERUM
S.GLOBULIN <i>Calculation</i>	3 g/dl	2.5 - 3.8 g/dl	SERUM
A/G RATIO <i>Calculation</i>	1.2	1 - 1.5	SERUM




*A. Huseedhar*



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
<b>LIPID PROFILE TEST</b> <i>Spectrometry</i>			
<b>TOTAL CHOLESTEROL</b> <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	222 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	SERUM
<b>TRIGLYCERIDES</b> <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	72.7 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	SERUM
<b>HDL CHOLESTEROL - DIRECT</b> <i>PEG-Cholesterol Esterase</i>	42.7 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	SERUM
<b>LDL CHOLESTEROL - DIRECT</b> <i>Cholesterol Esterase-Cholesterol Oxidase</i>	164.8 mg/dL	up to 100 mg/dL 100-129 mg/dL- Near optimal/above optimal 130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High	SERUM
<b>VLDL CHOLESTEROL</b> <i>Calculation</i>	14.5 mg/dL	2 - 30 mg/dL	SERUM
<b>TOTAL CHOLESTROL/HDL RATIO</b> <i>Calculation</i>	5.2	up to 3 3.0-4.4 - Moderate >4.4 - High	SERUM
<b>LDL/HDL RATIO</b> <i>Calculation</i>	3.9	up to 2.5 2.5-3.3 - Moderate >3.3 - High	SERUM
<b>POST PRANDIAL BLOOD SUGAR</b> <i>Hexokinase</i>	99.9 mg/dl	80 - 150 mg/dl	PLASMA - PP



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
<b>COMPLETE BLOOD COUNT (CBC) WITH ESR</b>			
<i>Automated Cell Counter</i>			
HAEMOGLOBIN <i>Colorimetric Method</i>	13.0 gm/dL	12 - 16 gm/dL	EDTA WHOLE BLOOD
HEMATOCRIT (PCV) <i>Calculated</i>	38.7 %	36 - 47 %	EDTA WHOLE BLOOD
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	4.42 million/cu.mm	4 - 5.2 million/cu.mm	EDTA WHOLE BLOOD
PLATELET COUNT <i>Electrical Impedance</i>	3.04 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	EDTA WHOLE BLOOD
MEAN CELL VOLUME (MCV) <i>Calculated</i>	87.6 fl	80 - 100 fl	EDTA WHOLE BLOOD
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.			
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	29.6 pg	26 - 34 pg	EDTA WHOLE BLOOD
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	33.9 %	31 - 35 %	EDTA WHOLE BLOOD
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	6430 cells/cumm	4000 - 11000 cells/cumm	EDTA WHOLE BLOOD
NEUTROPHILS <i>VCS Technology/Microscopic</i>	56 %	40 - 75 %	EDTA WHOLE BLOOD
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	40 %	25 - 40 %	EDTA WHOLE BLOOD
<b>DIFFERENTIAL COUNT</b>			
EOSINOPHILS <i>VCS Technology/Microscopic</i>	02 %	0 - 7 %	EDTA WHOLE BLOOD
MONOCYTES <i>VCS Technology/Microscopic</i>	02 %	1 - 8 %	EDTA WHOLE BLOOD
BASOPHILS <i>Electrical Impedance</i>	00 %		EDTA WHOLE BLOOD
ESR <i>Westergren Method</i>	09 mm/hr	0 - 20 mm/hr	EDTA WHOLE BLOOD



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REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Positive		EDTA WHOLE BLOOD
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	5.5 %	<b>American Diabetic Association (ADA) recommendations:</b>  Non diabetic adults : <5.7 %  At risk (Pre diabetic): 5.7 – 6.4%  Diabetic : >= 6.5%  <b>Therapeutic goal for glycemic control :</b>  Goal for therapy: < 7.0%  Action suggested: > 8.0%	EDTA WHOLE BLOOD
ESTIMATED AVERAGE GLUCOSE (eAG) <i>Calculation</i>	111.15 mg/dL		EDTA WHOLE BLOOD
<b>Comments:</b>			
<p>This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.</p> <p>After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.</p>			
FASTING BLOOD SUGAR <i>Hexokinase</i>	80 mg/dl	70 - 110 mg/dl	PLASMA



*A. Hussain*

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
<b>URINE ROUTINE &amp; MICROSCOPIC</b> <i>Strips &amp; Microscopy</i>			
<b>PHYSICAL EXAMINATION</b>			
Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow	
Appearance <i>Visual Method</i>	Clear	Clear/Transparent	
Specific Gravity <i>Strips Method</i>	1.025	1.005-1.035	
pH	6.0	4.6-8.5	
<b>CHEMICAL EXAMINATION (DIPSTICK)</b>			
Protein <i>Strips Method</i>	Nil	Nil -Trace	
Glucose <i>Strips Method</i>	Nil	Nil	
Blood <i>Strips Method</i>	Negative	Negative	
Ketone Bodies <i>Strips Method</i>	Absent	Negative	
Urobilinogen <i>Strips Method</i>	Normal	Normal	
Bile Salt <i>Strips Method</i>	Negative	Negative	
Bilirubin <i>Strips Method</i>	Negative	Negative	
Bile Pigments	Negative	NIL	
<b>MICROSCOPY</b>			
Pus Cells (WBC) <i>Light Microscopic</i>	2 - 3 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	5 - 6 /hpf	0-4/hpf	
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf	
Cast <i>Light Microscopic</i>	NIL	NIL	
Crystal <i>Light Microscopic</i>	NIL	Nil	
FASTING URINE SUGAR (FUS)	NIL	NIL	FASTING URINE
POSTPRANDIAL URINE SUGAR	NIL	NIL	URINE



*A. Hanumanth*


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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
<b>THYROID PROFILE</b>			
TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.30 ng/mL	0.87 - 1.78 ng/mL	SERUM
TOTAL THYROXINE (T4) <small>CMIA</small>	7.85 µg/dL	6.09 - 12.23 µg/dL	SERUM
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	11.20 µIU/mL	0.38 - 5.33 µIU/mL	SERUM
		1st Trimester: 0.05 - 3.70	
		2nd Trimester: 0.31 - 4.35	
		3rd Trimester: 0.41 - 5.18	

**Note:**

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 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
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Prema on 16-08-2023 at 04:54 PM



*A. Anandharaj*

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NAME	: Mrs. SAVITHA S	MR/VISIT NO	: 23080621 / 178593
AGE/SEX	: 45 Yrs / Female	BILLED TIME	: 16-08-2023 at 07:58 AM
REFERRED BY	:	BILL NO	: 210578
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 16-08-2023 at 12:00 PM

MEDIWHEEL HEALTH CHECKUP FEMALE

### **X-RAY REPORT- CHEST PA VIEW**

#### **OBSERVATIONS:**

Trachea is in midline.

Mediastinum and cardiac silhouette appears normal.

Bilateral lung fields appear normal.

Bilateral costo-phrenic and cardio-phrenic angles are clear.

Both the hila appear normal.

Visualized bones appear normal.

Visualized soft tissue shadow appears normal.

#### **IMPRESSION:**

**. No significant abnormality detected.**

Dispatched by: Soundarya

\*\*\*\* End of Report \*\*\*\*

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DR. POOJA A.B.  
MBBS, MD, Radio diagnosis  
Consultant Radiologist

<b>NAME:</b>	<b>Mrs. SAVITHA S</b>	<b>DATE:</b>	<b>16-08-2023</b>
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<b>GENDER:</b>	<b>FEMALE</b>	<b>REFERRED BY:</b>	<b>MEDIWHEEL</b>

### **X-RAY REPORT - MAMMOGRAM BOTH SIDES**

#### **TECHNIQUE:**

Full field digital mammography of both breasts was performed in cranio-caudal and medio-lateral oblique views

#### **OBSERVATION:**

Type C breast parenchyma (Heterogeneously dense parenchyma which may obscure small masses).

The fibroglandular density is normal for age in both breasts.

No definite calcification seen in bilateral breast.

No definite focal lesion/asymmetric seen in bilateral breast parenchyma.

Nipple and subareolar tissue are normal.

No retraction or skin thickening is seen.

Subcutaneous tissue and cooper 's ligaments are normal.

No evidence of any distortion of the tissues seen.

Visualised pectoralis muscle and retromammary space appears normal.

#### **IMPRESSION:**

- **Type C breast parenchyma (Heterogeneously dense parenchyma which may obscure small masses).**
- **No significant abnormality in bilateral mammograms.**
- **No significant bilateral axillary lymph nodes.**

**RIGHT BREAST: BI-RADS I**

**LEFT BREAST: BI-RADS I**



*Pooja A.B.*

**Dr. POOJA .A.B.**  
**MBBS, MD Radiodiagnosis**  
**Consultant Radiologist**



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

#### **OBSERVATION:**

#### **LIVER:**

**Liver is enlarged in size (17.7 cm) shows mild diffuse increase in echotexture.** No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal.

#### **GALL BLADDER:**

Is partially distended at the time of scan. Lumen echo free. Wall thickness is normal. CBD is normal.

#### **PANCREAS:**

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

#### **SPLEEN:**

Normal in size (9.7 cm) with normal echotexture. No focal lesion is seen.

#### **RIGHT KIDNEY:**

Right kidney measures ~ 11.4 x 3.3 cm (CC x AP) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

#### **LEFT KIDNEY:**

Left kidney measures ~ 10.8 x 4.3 cm (CC x AP) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.



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

#### **URINARY BLADDER:**

Is partially distended at the time of scan. No intraluminal echoes are seen. No calculus is seen.

#### **UTERUS:**

Anteverted, normal in size with normal echotexture.

No focal lesion seen within the myometrium.

Endometrial thickness measures ~ 3 mm.

#### **OVARIES:**

Both ovaries are normal in size with normal echo pattern.

No obvious adnexal lesion seen.

Visualized small bowel loops are normal in calibre and peristalsis.

No evidence of free fluid in the abdomen or pelvis.

#### **IMPRESSION:**

- **Hepatomegaly with grade I fatty changes.**
- **No other significant sonographic abnormality detected.**

*Pooja A.B.*

**Dr. POOJA .A.B.**  
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### TRANS THORACIC 2D ECHO - DOPPLER STUDY

<b>NAME:</b>	<b>Mrs. SAVITHA S</b>	<b>DATE:</b>	<b>16-08-2023</b>
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<b>M-Mode</b>				
<b>AORTA</b>		<b>28</b>		<b>mm</b>
<b>LEFT ARTIUM</b>		<b>32</b>		<b>mm</b>
<b>RIGHT VENTRICLE(Diastole)</b>		<b>19</b>		<b>mm</b>
<b>LVID (Diastole)</b>		<b>40</b>		<b>mm</b>
<b>LVID (Systole)</b>		<b>22</b>		<b>mm</b>
<b>INTERVENTRICULAR SEPTUM (Diastole)</b>		<b>10</b>		<b>mm</b>
<b>L V POSTERIOR WALL (Diastole)</b>		<b>09</b>		<b>mm</b>
<b>L V MASS</b>		<b>140</b>		<b>grms</b>
<b>FRACTIONAL SHORTENING</b>		<b>30</b>		<b>%</b>
<b>EJECTION FRACTION</b>		<b>65</b>		<b>%</b>
<b>DOPPLER / COLOR FLOW</b>				
<b>MITRAL VALVE</b>	<b>E- 0.8</b>	<b>A - 0.6</b>	<b>m/sec</b>	<b>NO MR</b>
<b>AORTIC VALVE</b>	<b>1.0</b>	<b>-</b>	<b>m/sec</b>	<b>NO AR</b>
<b>TRICUSPID VALVE</b>	<b>E- 0.4</b>	<b>A - 0.2</b>	<b>m/sec</b>	<b>NO TR</b>
<b>PULMONARY VALVE</b>	<b>0.8</b>	<b>-</b>	<b>m/sec</b>	<b>NO PR</b>

