Name	**: Mrs. ANURADHA GUPTA**		
PID No.	: MED111087711	**Register On**	: 14/05/2022 10:14 AM
SID No.	: 2322212202	**Collection On** :	14/05/2022 10:21 AM
Age / Sex	: 34 Year(s) / Female	**Report On** :	14/05/2022 6:30 PM
Type	: OP	**Printed On** :	25/05/2022 7:42 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/_Spectrophotometry_)	12.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood_)	39.2	%	37 - 47
RBC Count (EDTA Blood_)	4.37	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood_)	89.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood_)	28.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood_)	32.2	g/dL	32 - 36
RDW-CV	14.2	%	11.5 - 16.0
RDW-SD	44.53	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood_)	7600	cells/cu.mm	4000 - 11000
Neutrophils (Blood_)	64.8	%	40 - 75
Lymphocytes (Blood_)	24.8	%	20 - 45
Eosinophils (Blood_)	2.9	%	01 - 06

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (Blood)	6.8	%	01 - 10
Basophils (Blood)	0.7	%	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 (EDTA Blood)	4.92	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.88	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.22	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.52	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood)	213	$10^3 / \mu l$	150 - 450
MPV (Blood)	12.5	fL	8.0 - 13.3
PCT (*Automated Blood cell Counter*)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	8	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval

BIOCHEMISTRY

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.39	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.24	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	21.62	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	21.39	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	25.73	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	79.2	U/L	42 - 98
Total Protein (Serum/*Biuret)*	7.33	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.84	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.49	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.94		1.1 - 2.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	138.44	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	124.12	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 õusualö"circulating level of triglycerides during most part of the day.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**38.00**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	75.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	24.8	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	100.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	3.6		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*)	3.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC*)	5.2	%	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 %
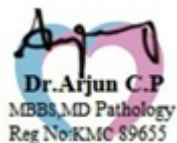
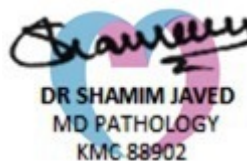|			
Estimated Average Glucose (Whole Blood*)*	102.54	mg/dL	

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.

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	0.930	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.

Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total (Serum/*ECLIA*)	11.29	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.

Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*ECLIA*)	1.59	µIU/mL	0.35 - 5.50

INTERPRETATION:
Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
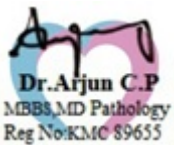2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
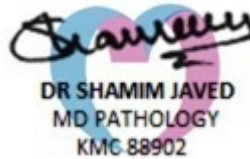(Indian Thyroid Society Guidelines)
Comment :
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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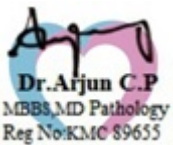| Investigation	Observed Value	Unit	Biological Reference Interval

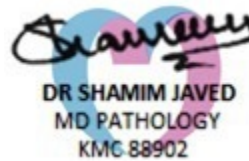# CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	+		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine/*GOD - POD)*	Negative		Negative
Leukocytes(CP) (Urine*)*	Negative		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

Pus Cells (Urine*)*	**4-6**	/hpf	NIL
Epithelial Cells (Urine*)*	**2-3**	/hpf	NIL
RBCs (Urine*)*	**15-20**	/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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Investigation	Observed Value	Unit	Biological Reference Interval
PHYSICAL EXAMINATION(STOOL COMPLETE)			
Mucus (Stool)	Absent		Absent
Consistency (Stool)	**Solid**		Semi Solid to Solid
Colour (Stool)	**Brownish**		Brown
Blood (Stool)	Absent		Absent
MICROSCOPIC EXAMINATION(STOOL COMPLETE)			
Ova (Stool)	Nil		NIL
Cysts (Stool)	Nil		NIL
Trophozoites (Stool)	Nil		NIL
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	**1-2**	/hpf	NIL
Others (Stool)	Nil		
CHEMICAL EXAMINATION(STOOL ROUTINE)			

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Investigation	Observed Value	Unit	Biological Reference Interval
Reaction (Stool)	Alkaline		Alkaline
Reducing Substances (Stool/*Benedict's*)	Negative		Negative

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination*)	'B' 'Positive'		

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Consultant Pathologist
Reg No : 99049
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Investigation	Observed Value	Unit	Biological Reference Interval

BIOCHEMISTRY

BUN / Creatinine Ratio	10		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	74.20	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/*GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	80.87	mg/dL	70 - 140

INTERPRETATION:
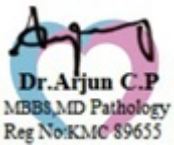Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.
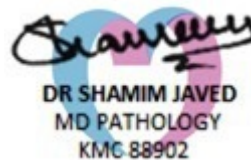
Urine Glucose(PP-2 hours) (Urine - PP*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	9.8	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.74	mg/dL	0.6 - 1.1

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/*Enzymatic)*	4.93	mg/dL	2.6 - 6.0

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-- End of Report --

Name	MRS.ANURADHA GUPTA	ID	MED111087711
Age & Gender	34Y/FEMALE	Visit Date	14 May 2022
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

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

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

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

SPLEEN shows normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.
The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	**10.6**	**1.0**
Left Kidney	**10.2**	**1.0**

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

UTERUS is post C section bulky elongated, measures 7.5 x 4.2 x 3.4 cm. It has uniform myometrial echopattern.
Endometrial thickness measures 3.8 mm

OVARIES are normal in size, shape and echotexture. No focal lesion seen.
Right ovary: 3.0 x 1.9 cm   **Left ovary**: 2.8 x 2.3 cm
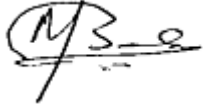
POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

- ➢ **Post C section bulky elongated uterus.**
- ➢ **Otherwise no significant abnormality detected.**

Name	MRS.ANURADHA GUPTA	ID	MED111087711
Age & Gender	34Y/FEMALE	Visit Date	14 May 2022
Ref Doctor Name	MediWheel		

DR.L.MADAN MOHAN BABU
CONSULTANT RADIOLOGISTS:
 MMB/Pr

Name	MRS.ANURADHA GUPTA	ID	MED111087711
Age & Gender	34Y/FEMALE	Visit Date	14 May 2022
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M - mode and doppler measurements

mm	mm	m/sec		MS NIL	MR NIL
AO:18	LVID (d):46	MV: E vel: 0.8	A Vel :0.5	AS NIL	AR NIL
LA:22	LVID(s):22	AV : Peak:1.1		PS NIL	PR NIL
	IVS(d):10	PV : Peak:0.7		TS NIL	TR NIL
	IVS (s):14	TV : E Vel: 0.3	A Vel :0.4		
	LVPW (d):08				
	LVPW (s):11				
	LVEF: 60 %				

DESCRIPTIVE FINDINGS

Left Ventricle	Normal
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonic Valve	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Other	Normal

IMPRESSION:
NORMAL SIZED CARDIAC CHAMBERS
NORMAL LV SYSTOLIC FUNCTION. EF:60   %
NO REGIONAL WALL MOTION ABNORMALITY.
NORMAL VALVES.
NO CLOT / VEGETATION / EFFUSION.

Name	MRS.ANURADHA GUPTA	ID	MED111087711
Age & Gender	34Y/FEMALE	Visit Date	14 May 2022
Ref Doctor Name	MediWheel		

Rajalakshmi. J.

Cardiacsonographer.

Name	ANURADHA GUPTA	Customer ID	MED111087711
Age & Gender	34Y/F	Visit Date	May 14 2022 10:14AM
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***: *Essentially normal study.*

DR. H.K. ANAND   DR. SHWETHA S   DR. CHARUL   DR.L.MADAN MOHAN BABU

CONSULTANT RADIOLOGISTS