Name	: **Mrs. VAHINIPATI DEEPTHI**		
PID No.	: MED111034552	**Register On**	: 26/03/2022 9:53 AM
SID No.	: 79150816	**Collection On**	: 26/03/2022 10:21 AM
Age / Sex	: 34 Year(s) / Female	**Report On**	: 27/03/2022 2:34 PM
Type	: OP	**Printed On**	: 28/03/2022 11:24 AM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination)*	'O' 'Positive'		
BUN / Creatinine Ratio	13.2		
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase)*	78	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)*	92	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/*Calculated)*	9.3	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe ï Alkaline Picrate)*	0.7	mg/dL	0.6 - 1.1
Uric Acid (Serum/*Uricase/Peroxidase)*	3.1	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum/*Diazotized Sulphanilic acid)*	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulphanilic acid)*	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Calculated)*	0.40	mg/dL	0.1 - 1.0

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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC without P-5-P)*	15	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC without P-5-P)*	15	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC AMP Buffer)*	79	U/L	42 - 98
Total Protein (Serum/*Biuret)*	7.7	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	5.0	gm/dl	3.5 - 5.2
Globulin (Serum/*Calculated)*	2.70	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Calculated)*	1.85		1.1 - 2.2
INTERPRETATION: Enclosure : Graph			
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	13	U/L	< 38
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase)*	155	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol-phosphate oxidase/Peroxidase)*	34	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 ñusualò circulating level of triglycerides during most part of the day.

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Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition)*	**61**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	87.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	6.8	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	94.0	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)*	2.5		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated)*	0.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	1.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

THYROID PROFILE / TFT

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Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	1.412	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.

T4 (Thyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	9.48	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.

TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescence)*	2.281	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.

Urine Analysis - Routine

Others (Urine/*Microscopy)*	Nil	

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour (Urine/*Physical examination)*	pale yellow	Yellow to Amber
Appearance (Urine/*Physical examination)*	Clear	Clear

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Investigation	Observed Value	Unit	Biological Reference Interval
Chemical Examination(Urine Routine)			
Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method)*	Negative		Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedictôs semi quantitative method.)*	Negative		Negative
Microscopic Examination(Urine Routine)			
Pus Cells (Urine/*Microscopy exam of urine sediment)*	1-2	/hpf	0 - 5
Epithelial Cells (Urine/*Microscopy exam of urine sediment)*	**2-4**	/hpf	NIL
RBCs (Urine/*Microscopy exam of urine sediment)*	Nil	/hpf	0 - 5

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Investigation	Observed Value	Unit	Biological Reference Interval
Complete Blood Count With - ESR			
Haemoglobin (Blood/*Spectrophotometry)*	**10.1**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Derived from Impedance)*	**34.5**	%	37 - 47
RBC Count (Blood/*Impedance Variation)*	4.77	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/*Derived from Impedance)*	**72.4**	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Derived from Impedance)*	**21.1**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Derived from Impedance)*	**29.1**	g/dL	32 - 36
RDW-CV (*Derived from Impedance)*	**16.7**	%	11.5 - 16.0
RDW-SD (*Derived from Impedance)*	43.8	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Impedance Variation)*	5700	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance Variation & Flow Cytometry)*	**88.6**	%	40 - 75
Lymphocytes (Blood/*Impedance Variation & Flow Cytometry)*	**8.2**	%	20 - 45
Eosinophils (Blood/*Impedance Variation & Flow Cytometry)*	1.5	%	01 - 06
Monocytes (Blood/*Impedance Variation & Flow Cytometry)*	1.5	%	01 - 10
Basophils (Blood/*Impedance Variation & Flow Cytometry)*	0.2	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (Blood/*Impedance Variation & Flow Cytometry)*	5.0	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	**0.5**	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance Variation & Flow Cytometry)*	0.1	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	0.1	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance Variation & Flow Cytometry)*	0.0	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance Variation)*	254	10^3 / µl	150 - 450
MPV (Blood/*Derived from Impedance)*	8.8	fL	8.0 - 13.3
PCT (*Automated Blood cell Counter)*	0.224	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	2	mm/hr	< 20
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	5.0	%	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*)*	96.8	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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PATHOLOGIST
Reg No : 13-48036

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Consultant Pathologist
Reg No : 73347

APPROVED BY

-- End of Report --

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Name	VAHINIPATI DEEPTHI	ID	MED111034552
Age & Gender	34Y/F	Visit Date	Mar 26 2022 9:26AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver : Normal in size (13.3 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. No pericholecystic edema noted.

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

Spleen : Measured 11.2 cm, in size with normal echotexture.

Right kidney : Measured 9.8 x 4.0 cm in size.

Left kidney : Measured 10.4 x 4.5 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 : Measured 7.2 x 4.1 x 5.4 cm in size with regular outlines.
Myometrial echotexture is normal.
The Endometrial cavity is empty and shows no abnormality.
Endometrial echo measured 10 mm.

Right ovary : Measured 2.4 x 1.9 cm in size.
Left ovary : Measured 3.5 x 2.3 cm in size.
Both ovaries are normal in size and appearance.

Minimal free fluid in pouch of Douglas.

No e/o ascites / pleural effusion seen.

No e/o detectable bowel pathology seen.

IMPRESSION :

- **Essentially normal study.**

Name	VAHINIPATI DEEPTHI	ID	MED111034552
Age & Gender	34Y/F	Visit Date	Mar 26 2022 9:26AM
Ref Doctor	MediWheel		

- ***For clinical correlation.***

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

Name	VAHINIPATI DEEPTHI	ID	MED111034552
Age & Gender	34Y/F	Visit Date	Mar 26 2022 9:26AM
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RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

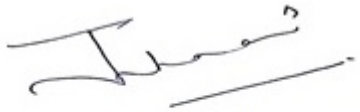
Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

IMPRESSION :

- **Essentially normal study.**

- ***For clinical correlation.***



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