

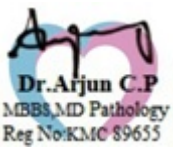


Name : Mrs. VENKATALAKSHMI V  
PID No. : MED111034498  
SID No. : 2322208160  
Age / Sex : 38 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 9:06 AM  
Collection On : 26/03/2022 9:32 AM  
Report On : 27/03/2022 10:25 AM  
Printed On : 02/04/2022 2:11 PM

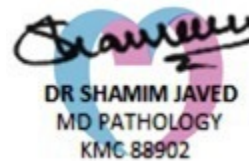


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (Blood/Impedance Variation & Flow Cytometry)	7.6	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.22	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.31	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.20	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.64	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	320	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived from Impedance)	<b>7.5</b>	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Modified Westergren)	<b>39</b>	mm/hr	< 20



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

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY



Name : Mrs. VENKATALAKSHMI V  
PID No. : MED111034498  
SID No. : 2322208160  
Age / Sex : 38 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

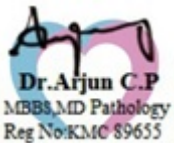
Register On : 26/03/2022 9:06 AM  
Collection On : 26/03/2022 9:32 AM  
Report On : 27/03/2022 10:25 AM  
Printed On : 02/04/2022 2:11 PM



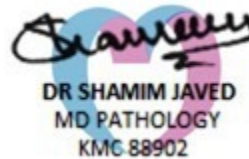
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	157	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	70	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)	42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	101	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	115.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



VERIFIED BY



APPROVED BY

Name : Mrs. VENKATALAKSHMI V

PID No. : MED111034498

Register On : 26/03/2022 9:06 AM

SID No. : 2322208160

Collection On : 26/03/2022 9:32 AM

Age / Sex : 38 Year(s) / Female

Report On : 27/03/2022 10:25 AM

Type : OP

Printed On : 02/04/2022 2:11 PM

Ref. Dr : MediWheel



Investigation

Observed Value

Unit

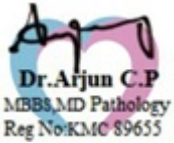
Biological Reference Interval

**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)	3.7	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
---	-----	--

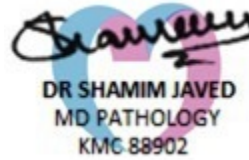
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.7	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	---



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

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mrs. VENKATALAKSHMI V

PID No. : MED111034498

Register On : 26/03/2022 9:06 AM

SID No. : 2322208160

Collection On : 26/03/2022 9:32 AM

Age / Sex : 38 Year(s) / Female

Report On : 27/03/2022 10:25 AM

Type : OP

Printed On : 02/04/2022 2:11 PM

Ref. Dr : MediWheel



<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)	<b>6.0</b>	%	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 %

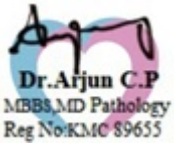
Estimated Average Glucose 125.5 mg/dL  
(Whole Blood)

**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 glycaemic 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.



VERIFIED BY



APPROVED BY

Name : Mrs. VENKATALAKSHMI V  
PID No. : MED111034498  
SID No. : 2322208160  
Age / Sex : 38 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 9:06 AM  
Collection On : 26/03/2022 9:32 AM  
Report On : 27/03/2022 10:25 AM  
Printed On : 02/04/2022 2:11 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.43	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/CMIA)	10.90	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/Chemiluminescent Microparticle Immunoassay(CMIA))	5.24	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<math>\leq 0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mrs. VENKATALAKSHMI V  
PID No. : MED111034498  
SID No. : 2322208160  
Age / Sex : 38 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 9:06 AM  
Collection On : 26/03/2022 9:32 AM  
Report On : 27/03/2022 10:25 AM  
Printed On : 02/04/2022 2:11 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

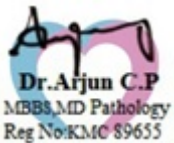
## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

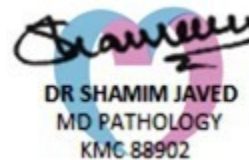
Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	25	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		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



VERIFIED BY



APPROVED BY

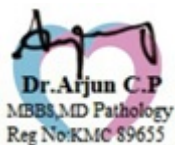


Name : Mrs. VENKATALAKSHMI V  
PID No. : MED111034498  
SID No. : 2322208160  
Age / Sex : 38 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

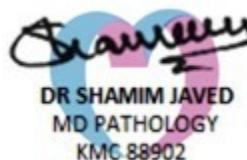
Register On : 26/03/2022 9:06 AM  
Collection On : 26/03/2022 9:32 AM  
Report On : 27/03/2022 10:25 AM  
Printed On : 02/04/2022 2:11 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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)	1-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil



VERIFIED BY



APPROVED BY

Name : Mrs. VENKATALAKSHMI V

PID No. : MED111034498

Register On : 26/03/2022 9:06 AM

SID No. : 2322208160

Collection On : 26/03/2022 9:32 AM

Age / Sex : 38 Year(s) / Female

Report On : 27/03/2022 10:25 AM

Type : OP

Printed On : 02/04/2022 2:11 PM

Ref. Dr : MediWheel



Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' Positive'

A handwritten signature in blue ink, appearing to read "Suraj Jain".

Dr SURAJ JAIN  
Consultant Pathologist  
Reg No : 80423

VERIFIED BY

A handwritten signature in blue ink, appearing to read "Shamim Javed".

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mrs. VENKATALAKSHMI V  
PID No. : MED111034498  
SID No. : 2322208160  
Age / Sex : 38 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 9:06 AM  
Collection On : 26/03/2022 9:32 AM  
Report On : 27/03/2022 10:25 AM  
Printed On : 02/04/2022 2:11 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	11		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	87	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

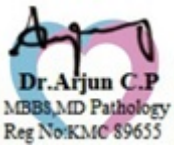
**INTERPRETATION:**

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.

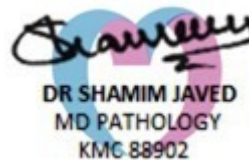
Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.8	mg/dL	0.6 - 1.1

**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)	4.6	mg/dL	2.6 - 6.0
---	-----	-------	-----------



VERIFIED BY



APPROVED BY

-- End of Report --

Name	VENKATALAKSHMI V	ID	MED111034498
Age & Gender	38-Female	Visit Date	3/27/2022 10:25:00 AM
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** shows normal in shape, size (11.9 cm) and shows diffuse increase in echogenicity, suggestive of fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein in radicals are normal.

**GALL BLADDER** is partially distended and appears normal. 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 made out. No evidence of calculus or hydronephrosis.

**The kidney measures as follows:**

	<b>Bipolar length (cm)</b>	<b>Breadth (cm)</b>
<b>Right Kidney</b>	<b>9.3</b>	<b>3.2</b>
<b>Left Kidney</b>	<b>9.1</b>	<b>3.0</b>

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

**UTERUS** is anteverted and normal in size. It has uniform myometrial echopattern. Uterus measures 8.3 x 3.8 x 5.9 cms. Endometrial thickness measures 7 mm

**OVARIES** are normal in size, shape and echotexture. No focal lesion seen.

**Right ovary:** 2.4 x 2.4 cm      **Left ovary:** 1.8 x 1.2 cm

POD & adnexae are free.

No evidence of ascites/pleural effusion.

### IMPRESSION:

- **Grade I fatty liver.**
- **No other significant abnormality detected.**

#### REPORT DISCLAIMER

1.This is only a radiological impression. Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital, it is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety. partial or selective interpretation may lead to false opinion.

11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts Chennai only.

Name	VENKATALAKSHMI V	ID	MED111034498
Age & Gender	38-Female	Visit Date	3/27/2022 10:25:00 AM
Ref Doctor Name	MediWheel		



CONSULTANT RADIOLOGISTS:

DR.H.K.ANAND

DR.L.MADAN MOHAN BABU

Dr. TEJAS, MS

ST/pr

**REPORT DISCLAIMER**

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	VENKATALAKSHMI V	ID	MED111034498
Age & Gender	38Y/F	Visit Date	Mar 26 2022 9:06AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

**Cardiomegaly noted.**

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.



**DR. POOJA B.P**

**DR. SHWETHA S**

**DR. MUDUNURI SAITEJAS**

**CONSULTANT RADIOLOGISTS**