Name	: Mrs. NIRMALA V N	
PID No.	: MED111966766	Register On : 25/11/2023 7:15 AM
SID No.	: 923040647	Collection On : 25/11/2023 7:29 AM
Age / Sex	: 52 Year(s) / Female	<b>Report On</b> : 26/11/2023 2:51 PM
Туре	: OP	Printed On : 28/11/2023 7:34 AM
Ref. Dr	: MediWheel	

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.0	%	37 - 47
RBC Count (EDTA Blood)	4.44	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.7	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	48.25	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	51.4	%	40 - 75
Lymphocytes (EDTA Blood)	34.3	%	20 - 45
Eosinophils (EDTA Blood)	5.2	%	01 - 06
Monocytes (EDTA Blood)	8.1	%	01 - 10





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Investigation	<u>Observed</u> <u>Value</u>	Unit	<u>Biological</u> Reference Interval
Basophils (EDTA Blood)	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five I	Part cell counter. All	abnormal results are re	viewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.55	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.37	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.36	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.56	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.07	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	249	10^3 / µl	150 - 450
MPV (EDTA Blood)	6.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	28	mm/hr	< 30





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Investigation BIOCHEMISTRY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.63	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.49	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i> )	32.90	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	38.47	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	63.37	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i> )	85.0	U/L	53 - 141
Total Protein (Serum/Biuret)	6.93	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.08	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.85	gm/dL	2.3 - 3.6
A : G RATIO	1.43		1.1 - 2.2

(Serum/Derived)



Anusha.K.S Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674 APPROVED BY

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	234.97	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i> )	180.51	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)	35.78	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/ <i>Calculated</i> )	163.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	36.1	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i> )	199.2	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.



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.6		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/ <i>Calculated</i> )	5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ <i>Calculated</i> )	4.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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Investigation	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
Glycosylated Haemoglobin (HbA1c)	<u>Value</u>		<u>Reference Interval</u>
HbA1C (Whole Blood/HPLC)	5.7	%	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	116.89	mg/dL
Estimated i i erage Statoste	110107	

(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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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<b>IMMUNOASSAY</b>			
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/ <i>ECLIA)</i> <b>INTERPRETATION:</b> <b>Comment :</b> Total T3 variation can be seen in other condition like pres	1.07	ng/ml	0.4 - 1.81
Metabolically active.			
T4 (Tyroxine) - Total (Serum/ <i>ECLIA</i> )	9.49	µg/dl	4.2 - 12.0
<b>INTERPRETATION:</b> <b>Comment :</b> Total T4 variation can be seen in other condition like preg Metabolically active.	gnancy, drugs, nepl	nrosis etc. In such case	es, Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.12	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 Iodi 2.TSH Levels are subject to circadian variation, reaching of the order of 50%,hence time of the day has influence o 3.Values&amplt,0.03 μIU/mL need to be clinically correl	peak levels betwee on the measured ser	en 2-4am and at a min rum TSH concentration	mum between 6-10PM. The variation can be ns.





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Investigation <u>CLINICAL PATHOLOGY</u>	<u>Observed U</u> <u>Value</u>	nit <u>Biological</u> <u>Reference Interval</u>
<u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>		
Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	15	
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>		
pH (Urine)	5.0	4.5 - 8.0
Specific Gravity (Urine)	1.015	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative
Bilirubin (Urine)	Negative	Negative
Protein (Urine)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Leukocytes(CP)	Negative		
(Urine) <u>MICROSCOPIC EXAMINATION</u> (URINE COMPLETE)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	13.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	100.83	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)	78.16	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)	8.2	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Modified Jaffe</i> )	0.61	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	5.65	mg/dL
(Serum/Enzymatic)		

(Serum/Enzymatic)



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2.6 - 6.0

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Investigation

# **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)

'O' 'Positive'

<u>Observed</u> <u>Value</u> <u>Unit</u>





Biological Reference Interval

-- End of Report --

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\*PAP Smear by LBC( Liquid based Cytology )

#### PAP Smear by LBC( Liquid based Cytology )

Nature of Specimen: Cervical smear.

Lab Lab NO : GC-2370/23

Specimen type : Liquid based preparation.

Specimen adequacy : Satisfactory for evaluation.

Endocervical / Transformation zone cells : Absent.

General categorization : Within normal limits.

DESCRIPTION :Smear shows superficial squamous cells and intermediate cells in a background of sparse inflammatory cells.

INTERPRETATION : Negative for intraepithelial lesion or malignancy.







Name	MRS.NIRMALA V N ID		MED111966766	
Age & Gender	52Y/FEMALE	Visit Date	25/11/2023	
<b>Ref Doctor</b>	MediWheel		- 4	

# **2D ECHOCARDIOGRAPHY**

#### Chambers

- Left ventricle : normal in size, No RWMA at Rest.
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

#### Septa

- IVS : Intact
- IAS : Intact

#### Valves

- Mitral Valve : TRIVIAL MITRAL REGURGITATION .
- Tricuspid Valve : Normal, trace TR, No PAH
- Aortic valve : Tricuspid, Normal Mobility
- Pulmonary Valve : Normal

#### **Great Vessels**

- Aorta : Normal
- Pulmonary Artery : Normal

Pericardium : Normal

#### **Doppler Echocardiography**

Mitral valve	E	0.74	m/sec	A	0.59	m/sec	E/a: 1.25
Aortic Valve	V max	1.26	m/sec	PG	6.4	mm	
Diastolic I	Dysfunction				NONE		

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:2:

### M – Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	29	26-36	Mm
Left Atrium	27	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	45	42-59	Mm
Posterior wall - Diastole	11 .	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	27	21-40	Mm
Posterior Wall - Systole	15 .	13-15	Mm
Ejection Fraction	60	- >50	%

# **IMPRESSION:**

- TRIVIAL MITRAL REGURGITATION
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.

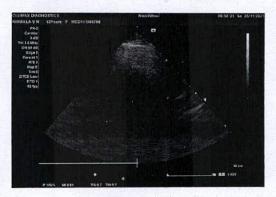
DR RAMNARESH SOUDRI MD DM (CARDIOLOGY) FSCAI INTERVENTIONAL CARDIOLOGIST Rs/ s

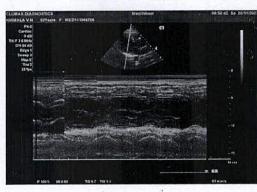


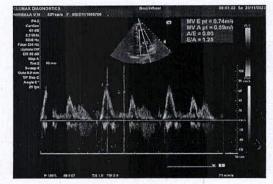


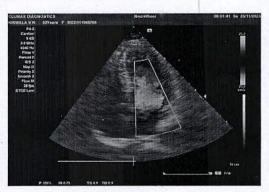
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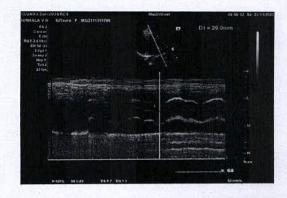
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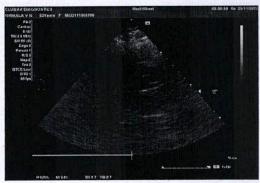


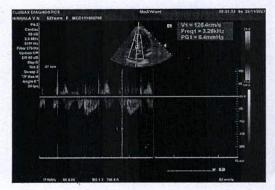








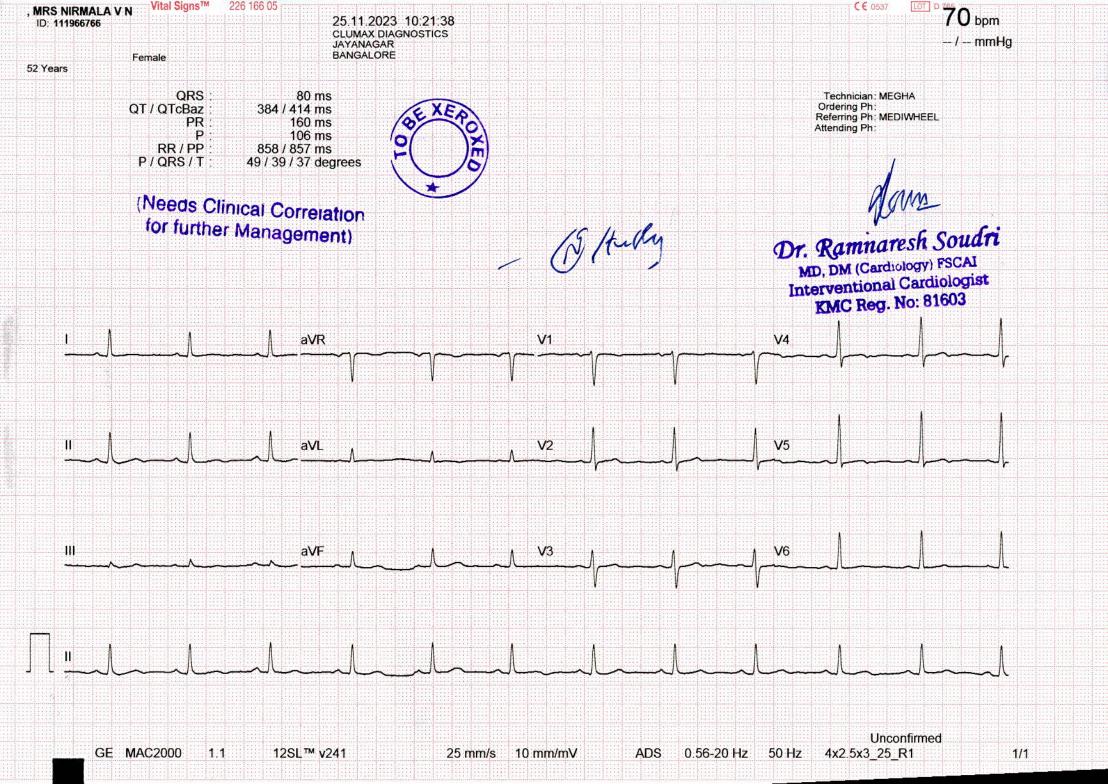






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Age & Gender	52Y/FEMALE	Visit Date	25/11/2023
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

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

GALL BLADDER is partially distended.

Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS visualized portion of head and body appear normal. Tail is obscured by bowel gas.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

**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 (cms)	Parenchymal thickness (cms)
Right Kidney	11.0	1.0
Left Kidney	9.5	1.2

**URINARY BLADDER** show normal shape and wall thickness. It has clear contents.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness – 3.7mms. Uterus measures as follows: LS: 7.5cms AP: 3.4cms TS: 4.6cms.

**OVARIES** are atrophic.

No evidence of ascites.

Impression: Grade II fatty change in the liver.

\*\* Sugg: Clinical correlation.

DR. HITHISHINI H CONSULTANT RADIOLOGIST *Hh/pu* 





5C6-1E

mindray

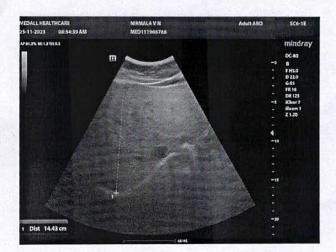
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Adult ABD

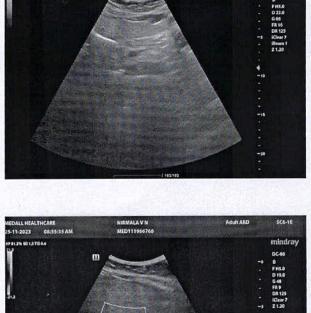
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Age & Gender	52Y/FEMALE	Visit Date	25/11/2023
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ALL HEALTHCARE



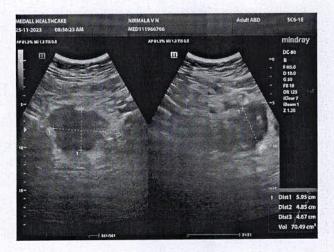




NIRMALA V N







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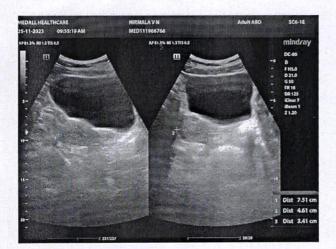




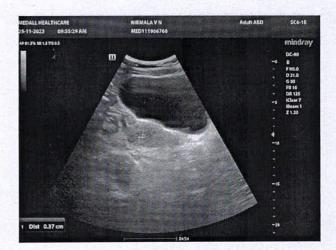
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Name	MRS.NIRMALA V N	ID	MED111966766
Age & Gender	52Y/FEMALE	Visit Date	25/11/2023
Ref Doctor	MediWheel		













Name	Mrs. NIRMALA V N	Customer ID	MED111966766
Age & Gender	52Y/F	Visit Date	Nov 25 2023 7:14AM
Ref Doctor	MediWheel		

## X - RAY CHEST PA VIEW

### **FINDINGS:**

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.Nitash Prakash MBBS.,MD Consultant Radiologist

