

Name	ASHWINI P	Customer ID	MED111368944
Age & Gender	29Y/F	Visit Date	Nov 12 2022 8:21AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The heart size and configuration are within normal limits. The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

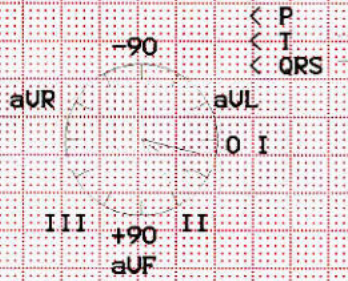
IMPRESSION:

- *No significant abnormality demonstrated.*


DR. REKHA S. CHERIAN, DMRD.DNB.FRCR.,
CONSULTANT RADIOLOGIST

Measurement Results:

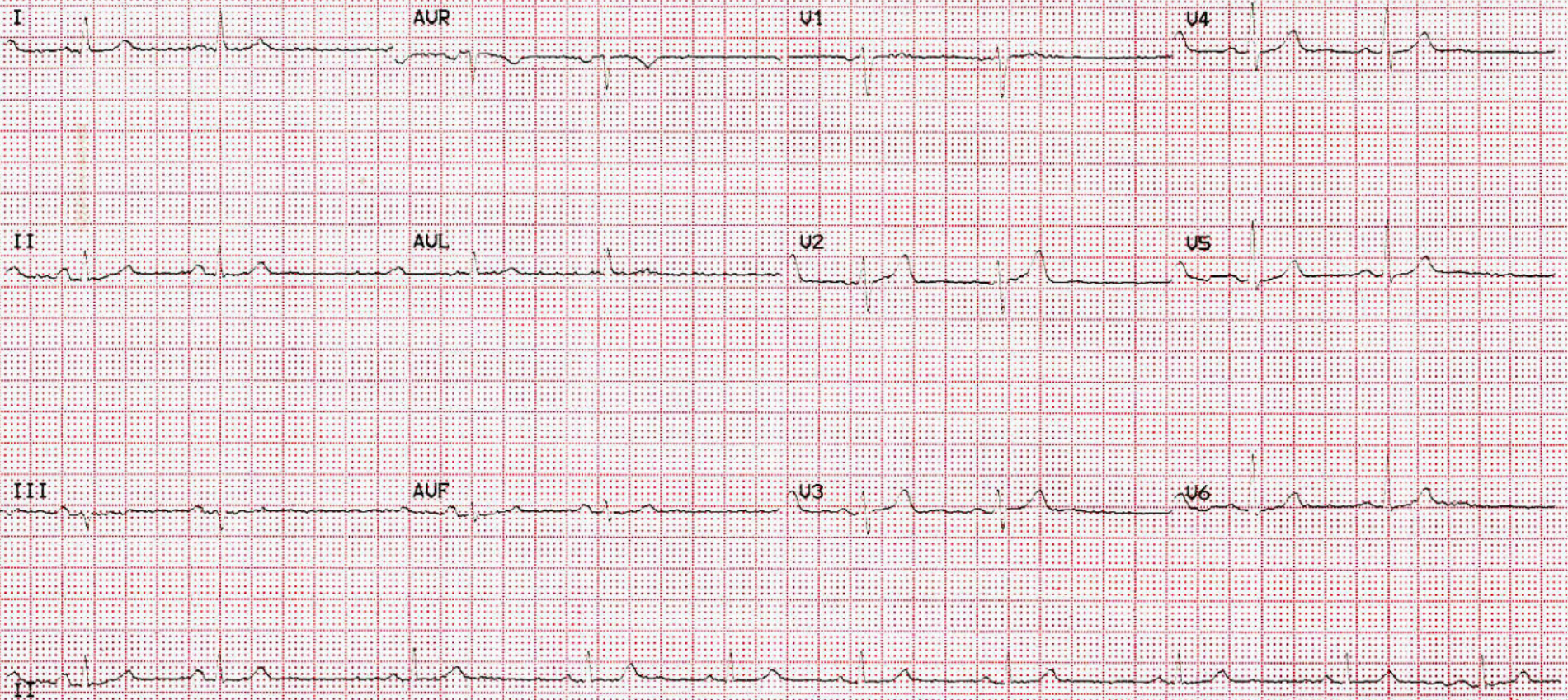
QRS	88 ms
QT/QTcB	394 / 394 ms
PR	142 ms
P	104 ms
RR/PP	934 / 1000 ms
P/QRS/T	55/ 14/ 35 degrees



Interpretation:
 12SL - Interpretation:
 Sinus rhythm with marked sinus arrhythmia
 Otherwise normal ECG

61.1
 164.0
 22.7

Unconfirmed report.



Name	ASHWINI P	ID	MED111368944
Age & Gender	29Year(s)/FEMALE	Visit Date	11/12/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

ECHO CARDIOGRAPHY REPORT

Measurements:-

M Mode:

IVS d	0.9cm	IVS s	1.2cm
LVID d	3.8cm	LVID s	2.4cm
LVPW d	0.8cm	LVPW s	1.2cm
AO	2.3cm	LA	2.7cm

Doppler study:

Location	m/sec	Location	m/sec
MP A vel	0.7	MV E	0.7
PGT	2mmHg	A	0.5
AV vel	1.1	Ratio	1.4
PGT	5mmHg	TV VEL	0.7
EF	65%	PGT	15mmHg
FS	35%		

2D:

LA : NORMAL	RA : NORMAL
LV : NORMAL	RV : NORMAL
AV : NORMAL	PV : NORMAL
MV : NORMAL	TV : NORMAL
AO : NORMAL	PA : NORMAL

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Observations:

- **Cardiac chambers dimension-normal**
- **No regional wall motion abnormality**
- **Normal LV systolic and diastolic function**
- **Valves are morphologically and functionally normal**
- **No stenosis / prolapse / regurgitation**
- **Doppler flow pattern normal**
- **No pulmonary hypertension**
- **Normal Pericardium**
- **IAS/ IVS appear Intact**
- **No mass**

CONCLUSIONS:

- ***NORMAL CARDIAC DIMENSIONS.***
- ***NO REGIONAL WALL MOTION ABNORMALITIES.***
- ***GOOD LV SYSTOLIC FUNCTION.***
- ***LVEF 65 %***
- ***NORMAL STUDY.***

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Prof. N. Subramanian MD, DM(CARD) FRCP, FACC
Consultant Cardiologist

Done By :-Ms. Divya V
Cardiac technologist

Name: MRS. ASHWINI P

Age & Sex: 29 YEARS / FEMALE

Date : 12/11/2022

		Right Eye	Left Eye
DISTANT VISION	<u>Without Glasses</u> With Glass	<u>6/6</u>	<u>6/6</u>
NEAR VISION	<u>Without Glasses</u> With Glass	<u>N6</u>	<u>N6</u>
COLOUR VISION		NORMAL	

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Name : Mrs. ASHWINI P
PID No. : MED111368944
SID No. : 1802238063
Age / Sex : 29 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 12/11/2022 8:21 AM
Collection On : 12/11/2022 8:46 AM
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Printed On : 14/11/2022 8:47 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	41.6	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.48	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	92.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.95	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	57.0	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	33.6	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.7	%	01 - 10


Dr. S. Sridevi, MD
Consultant BioChemist
Reg No : 71747

VERIFIED BY


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

APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.59	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.12	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	228	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 20
BUN / Creatinine Ratio	12.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.3	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) Negative Negative
(Urine - F/GOD - POD)


Dr. S. Sridevi, MD
Consultant BioChemist
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	94.4	mg/dL	70 - 140
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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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.86	mg/dL	0.6 - 1.1
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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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.5	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.37	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.2	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.9	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.7	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	114.3	U/L	42 - 98
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Total Protein (Serum/Biuret)	7.09	gm/dl	6.0 - 8.0
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Dr. S. Sridevi, MD
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Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.00	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.36		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	150.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.3	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)	53.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	80.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.1	mg/dL	< 30


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	97.0	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)	2.8		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	4.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	93.93	mg/dL	
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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.

THYROID PROFILE / TFT


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VERIFIED BY


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T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.96	ng/ml	0.7 - 2.04
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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 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.61	µg/dl	4.2 - 12.0
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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 Immunometric Assay (CLIA))	1.43	µIU/mL	0.35 - 5.50
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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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Pus Cells (Urine/Automated – Flow cytometry)	Occasional /hpf	NIL


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Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	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.


Dr S.Sridevi, MD
Consultant BioChemist
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-- End of Report --

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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size (11.4 cm) and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal (9.1 cm).

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.3 x 4.1 cms.

The left kidney measures 11.3 x 3.9 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

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The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is retroflexed, and measures 7.6 x 3.4 x 3.9 cms.

Myometrial echoes are homogeneous.

The endometrium measures 12 mm.

The right ovary measures 3.6 x 1.3 cms.

The left ovary measures 3.5 x 1.6 cms.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **No significant abnormality detected.**

DR. S.RAJAGOPAL MBBS.,

CONSULTANT SONOLOGIST