| | | | |
|---|---|---|---|
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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **HAEMATOLOGY** | | | |
| ***Complete Blood Count With - ESR*** | | | |
| Haemoglobin (EDTA Blood/*Spectrophotometry*) | **11.1** | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood) | 38.6 | % | 37 - 47 |
| RBC Count (EDTA Blood) | 5.26 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (EDTA Blood) | **73.4** | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood) | **21.2** | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood) | **28.8** | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood) | **23.6** | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood) | **60.63** | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood) | 5700 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood) | 46.6 | % | 40 - 75 |
| Lymphocytes (EDTA Blood) | 42.4 | % | 20 - 45 |
| Eosinophils (EDTA Blood) | 2.3 | % | 01 - 06 |
| Monocytes (EDTA Blood) | 8.3 | % | 01 - 10 |

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| Basophils<br>(Blood) | 0.4 | % | 00 - 02 |
| **INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count<br>(EDTA Blood) | 2.66 | 10^3 / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count<br>(EDTA Blood) | 2.42 | 10^3 / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC)<br>(EDTA Blood) | 0.13 | 10^3 / µl | 0.04 - 0.44 |
| Absolute Monocyte Count<br>(EDTA Blood) | 0.47 | 10^3 / µl | < 1.0 |
| Absolute Basophil count<br>(EDTA Blood) | 0.02 | 10^3 / µl | < 0.2 |
| Platelet Count<br>(EDTA Blood) | 190 | 10^3 / µl | 150 - 450 |
| MPV<br>(EDTA Blood) | 11.1 | fL | 8.0 - 13.3 |
| PCT<br>(EDTA Blood/*Automated Blood cell Counter*) | 0.21 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate)<br>(Citrated Blood) | 15 | mm/hr | < 20 |

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| **BIOCHEMISTRY** | | | |
| ***Liver Function Test*** | | | |
| Bilirubin(Total)<br>(Serum/*DCA with ATCS)* | 0.25 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct)<br>(Serum/*Diazotized Sulfanilic Acid)* | 0.12 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect)<br>(Serum/*Derived)* | 0.13 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/*Modified IFCC)* | 15.25 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/*Modified IFCC)* | 9.29 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/*IFCC / Kinetic)* | 10.12 | U/L | < 38 |
| Alkaline Phosphatase (SAP)<br>(Serum/*Modified IFCC)* | 44.2 | U/L | 42 - 98 |
| Total Protein<br>(Serum/*Biuret)* | 6.97 | gm/dl | 6.0 - 8.0 |
| Albumin<br>(Serum/*Bromocresol green)* | 4.19 | gm/dl | 3.5 - 5.2 |
| Globulin<br>(Serum/*Derived)* | 2.78 | gm/dL | 2.3 - 3.6 |
| A : G RATIO<br>(Serum/*Derived)* | 1.51 | | 1.1 - 2.2 |

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|---|---|---|---|
| ***Lipid Profile*** | | | |
| Cholesterol Total<br>(Serum/*CHOD-PAP with ATCS)* | 148.00 | mg/dL | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240 |
| Triglycerides<br>(Serum/*GPO-PAP with ATCS)* | 148.52 | mg/dL | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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<br>(Serum/*Immunoinhibition)* | **54.36** | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 50 - 59<br>High Risk: < 50 |
| LDL Cholesterol<br>(Serum/*Calculated)* | 63.9 | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190 |
| VLDL Cholesterol<br>(Serum/*Calculated)* | 29.7 | mg/dL | < 30 |
| Non HDL Cholesterol<br>(Serum/*Calculated)* | 93.6 | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>Very High: >= 220 |

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**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<br>(Serum/*Calculated*) | 2.7 | | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL)<br>(Serum/*Calculated*) | 2.7 | | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio<br>(Serum/*Calculated*) | 1.2 | | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |

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|---|---|---|---|
| ***Glycosylated Haemoglobin (HbA1c)*** | | | |
| HbA1C<br>(Whole Blood/*HPLC)* | **6.0** | % | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>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<br>(Whole Blood*)* | 125.5 | 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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|---|---|---|---|

## IMMUNOASSAY

### *THYROID PROFILE / TFT*

| | | | |
|---|---|---|---|
| T3 (Triiodothyronine) - Total<br>(Serum/*ECLIA*) | 1.15 | 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 (Tyroxine) - Total<br>(Serum/*ECLIA*) | 8.13 | 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)<br>(Serum/*ECLIA*) | 1.40 | 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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|---|---|---|---|
| **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) | 1.018 | | 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 |

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|---|---|---|---|
| Glucose (Urine/*GOD - POD*) | Negative | | Negative |
| Leukocytes(CP) (Urine) | Negative | | Negative |
| ***MICROSCOPIC EXAMINATION (URINE COMPLETE)*** | | | |
| Pus Cells (Urine) | **0-2** | /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) | **Calcium oxalate crystals seen** | /hpf | NIL |

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|---|---|---|---|
| **IMMUNOHAEMATOLOGY** | | | |
| BLOOD GROUPING AND Rh TYPING<br>(EDTA Blood/*Agglutination)* | 'B' 'Positive' | | |

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|---|---|---|---|
| **BIOCHEMISTRY** | | | |
| BUN / Creatinine Ratio | 16.9 | | 6.0 - 22.0 |
| Glucose Fasting (FBS)<br>(Plasma - F/*GOD-PAP)* | 85.97 | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>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)<br>(Urine - F/*GOD - POD)* | Negative | | Negative |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/*GOD-PAP)* | 89.07 | 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)<br>(Urine - PP*)* | Negative | | Negative |
| Blood Urea Nitrogen (BUN)<br>(Serum/*Urease UV / derived)* | 11.7 | mg/dL | 7.0 - 21 |
| Creatinine<br>(Serum/*Modified Jaffe)* | 0.69 | 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<br>(Serum/*Enzymatic)* | 4.34 | mg/dL | 2.6 - 6.0 |

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-- End of Report --

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

**Nature of Specimen:** Cervical smear

**Lab No:** GC 1582/22

**Specimen type :** Liquid based preparation

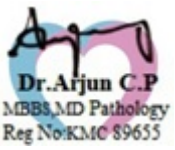
**Specimen adequacy :** Satisfactory for evaluation

**Endocervical / Transformation zone cells :**Present

**General categorization :** Within normal limits

**DESCRIPTION :** Smear show superficial squamous cells, intermediate cells & parabasal cells in a background of sheets of neutrophils and lymphocytes.

**INTERPRETATION :** Negative for intraepithelial lesion or malignancy.




* **Test is not in the scope of NABL.**

| | | | |
|---|---|---|---|
| Name | Ms.Pavitra Malik | ID | MED111354362 |
| Age & Gender | 45/FEMALE | Visit Date | 29/10/2022 |
| Ref Doctor Name | MediWheel | | |

**X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.**

## MAMMOGRAPHY OF BOTH BREASTS

ACR composition B.

Both breasts show symmetrical fibro glandular fatty tissue.

No evidence of focal soft tissue lesion.

**Clustered punctate calcifications noted in the medial and inferior quadrant of left breast. Another similar clustered punctate calcifications noted in the lateral quadrant of left breast on craniocaudal view but not evident on MLO view.**

Subcutaneous fat deposition is within normal limits.

Few lymphnodes with maintained fatty hilum are noted in right axilla. Left axilla appears normal.

## SONOMAMMOGRAPHY OF BOTH BREASTS

**Both breasts show normal echopattern.**

**Axilla and nipple-areolar complex appears normal.**

**No evidence of focal solid / cystic areas in either breast.**

**Bilateral mildly dilated ducts noted in retro-areolar region, largest measuring 2.7 mm on left side and**
**3.7 mm on the right side. No intra ductal filling defects seen.**

## IMPRESSION:

- **Clustered punctate calcifications in the medial and inferior quadrant of left breast. Another similar clustered punctate calcifications in the lateral quadrant of left breast on craniocaudal view but not evident on MLO view.** ***Suggested interval follow up in 6 months with mammogram.***
- **Bilateral duct ectasia (left > right)**

## Sonomammogram combination shows BI-RADS-III

**BI-RADS CLASSIFICATION**
**CATEGORY RESULT**

**REPORT DISCLAIMER**

1.This is only a radiologincal imperssion.Like other investigations, radiological investication also have limitation. Therefore radiologincal 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 refrering 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 | Ms.Pavitra Malik | ID | MED111354362 |
| Age & Gender | 45/FEMALE | Visit Date | 29/10/2022 |
| Ref Doctor Name | MediWheel | | |

3 Probably benign finding. Short interval follow-up suggested.

**DR. MANIMALA RUPA**
**CONSULTANT RADIOLOGIST**
*MR/MP*

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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.