

Name : Mrs. VIMALA
PID No. : MED122018698
SID No. : 522311813
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 22/07/2023 2:26 PM
Collection On : 22/07/2023 3:23 PM
Report On : 24/07/2023 3:03 PM
Printed On : 10/10/2023 2:39 PM



Investigation **Observed Value** **Unit** **Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING

'O' Positive'

(EDTA Blood/Agglutination)

INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin 14.1 g/dL 12.5 - 16.0
(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit 41.3 % 37 - 47
(EDTA Blood)

RBC Count **5.41** mill/cu.mm 4.2 - 5.4
(EDTA Blood)

Mean Corpuscular Volume(MCV) **76.3** fL 78 - 100
(EDTA Blood)

Mean Corpuscular Haemoglobin(MCH) **26.0** pg 27 - 32
(EDTA Blood)

Mean Corpuscular Haemoglobin concentration(MCHC) 34.1 g/dL 32 - 36
(EDTA Blood)

RDW-CV 14.0 % 11.5 - 16.0

RDW-SD **37.39** fL 39 - 46

Total Leukocyte Count (TC) 9800 cells/cu.m
(EDTA Blood) m

Neutrophils 47.8 % 40 - 75
(Blood)

Lymphocytes 32.9 % 20 - 45
(Blood)

Eosinophils **11.7** % 01 - 06
(Blood)




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MD PATHOLOGY
KMC 88902

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The results pertain to sample tested.

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Monocytes (Blood)	6.8	%	01 - 10
Basophils (Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.68	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.22	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	1.15	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.67	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.08	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	259	10 ³ / μ l	150 - 450
MPV (Blood)	7.1	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	13	mm/hr	< 20
BUN / Creatinine Ratio	13.33		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	110.94	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.




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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	137.81	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)	8.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.66	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)	3.94	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.24	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.10	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.14	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.60	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.24	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.67	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	129.8	U/L	42 - 98
Total Protein (Serum/Biuret)	6.73	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.79	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.94	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.29		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	182.02	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	292.64	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)	39.27	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	84.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	58.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	142.8	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)	4.6		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/Calculated)	7.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)



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HbA1C (Whole Blood/HPLC)	6.3	%	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)	134.11	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 glycemc 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

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.38	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/ECLIA)	15.05	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/ECLIA)	2.32	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$\leq 0.03 \mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	30	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6	4.5 - 8.0
Specific Gravity (Urine)	1.007	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal




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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	1-3	/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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PAP Smear by LBC(Liquid based Cytology)

Lab No : GC-1494 /23

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells : Present

General categorization : Within normal limits

DESCRIPTION : Smear studied shows superficial squamous cells, intermediate cells and parabasal cells in the background of sheets of neutrophils and few lymphocytes.

INTERPRETATION : Negative for intraepithelial lesion or malignancy.

Non neoplastic cellular changes associated with Atrophy.



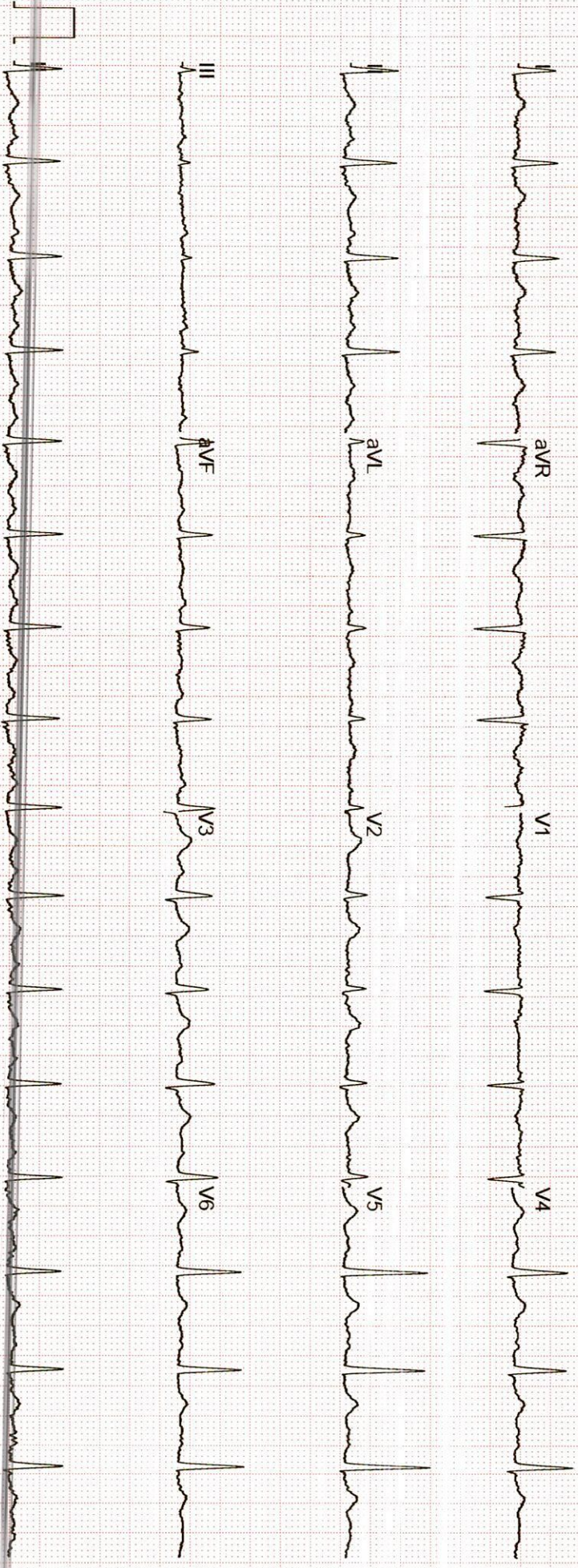
Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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-- End of Report --

50 Years
Female

QRS : 82 ms
QT / QTcBaz : 346 / 437 ms
PR : 152 ms
P : 60 ms
RR / PP : 622 / 625 ms
P / QRS / T : 105 / 42 / 23 degrees



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X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition Type B (These are scattered areas of fibroglandular density).

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

Bilateral axillary lymph nodes are seen.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Bilateral axillary lymph nodes are seen with preserved fatty hilum.

IMPRESSION:

- **No breast lesions.**
- **Bilateral benign axillary lymph nodes.**

ASSESSMENT: BI-RADS CATEGORY - 2

BI-RADS CLASSIFICATION

CATEGORY RESULT

2 Benign finding. Routine mammogram in 1 year recommended.

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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.,
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Hn/Mi

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is enlarged in size (16.5 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.
CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.1	1.5
Left Kidney	11.4	1.8

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

UTERUS - Postmenopausal status.
Endometrium measures 4.6 mm.

OVARIES are atrophic

No evidence of ascites.

IMPRESSION:

- **Hepatomegaly with grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	1.89	cms.
LEFT ATRIUM	:	2.93	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	3.11	cms.
(SYSTOLE)	:	1.85	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	0.95	cms.
(SYSTOLE)	:	1.22	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.17	cms.
(SYSTOLE)	:	1.40	cms.
EDV	:	38	ml.
ESV	:	10	ml.
FRACTIONAL SHORTENING	:	40	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.8 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.4 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

REPORT DISCLAIMER

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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	VIMALA	ID	MED122018698
Age & Gender	50-50-50-Female	Visit Date	7/24/2023 3:03:46 PM
Ref Doctor Name	MediWheel		



2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal. Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION: FAIR ECHO WINDOW.

- **SINUS TACHYCARDIA DURING STUDY.**
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI

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Name	VIMALA	ID	MED122018698
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CONSULTANT CARDIOLOGIST

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Name	MRS. VIMALA	ID	MED122018698
Age & Gender	50Y/F	Visit Date	Jul 22 2023 2:25PM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Mid expiratory phase film.

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. HEMANANDHINI
CONSULTANT RADIOLOGIST