Name	: **Ms. CHANDINI B M**		
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Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

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

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*)*	4.67	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood*)*	83.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood*)*	28.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood*)*	33.6	g/dL	32 - 36
RDW-CV	13.4	%	11.5 - 16.0
RDW-SD	39.8	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood*)*	5400	cells/cu.mm	4000 - 11000
Neutrophils (Blood*)*	59.2	%	40 - 75
Lymphocytes (Blood*)*	31.1	%	20 - 45
Eosinophils (Blood*)*	2.5	%	01 - 06

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (Blood)	6.8	%	01 - 10
Basophils (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 (EDTA Blood)	3.2	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.7	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	291	10^3 / µl	150 - 450
MPV (Blood)	8.4	fL	8.0 - 13.3
PCT (*Automated Blood cell Counter*)	0.244	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	16	mm/hr	< 20
BUN / Creatinine Ratio	20.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	94.57	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F/*GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	108.69	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)*	14.5	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.72	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/*Enzymatic)*	**6.37**	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum/*DCA with ATCS)*	0.76	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.23	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.53	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	26.38	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	40.25	U/L	5 - 41

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Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	**61.79**	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	57.8	U/L	42 - 98
Total Protein (Serum/*Biuret)*	6.48	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.64	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	1.84	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	2.52		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	198.71	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	140.87	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 ñusualò circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition)*	**47.95**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated)*	**122.6**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	28.2	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	150.8	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)*	4.1	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)*	2.9	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	2.6	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

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Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC)*	5.6	%	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*)*	114.02	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA)*	1.47	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 (Serum/*ECLIA)*	7.46	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/*ECLIA)*	2.21	µIU/mL	0.35 - 5.50

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Investigation	Observed Value	Unit	Biological Reference Interval

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.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.013	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal

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Investigation	Observed Value	Unit	Biological Reference Interval
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)	**0-1**	/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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Name	MS.CHANDINI B M	ID	MED122272709
Age & Gender	33Y/FEMALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (13.9 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.

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	12.1	1.4
Left Kidney	12.2	1.6

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

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 5.9 mm.
Uterus measures LS: 6.9 cms AP: 3.8 cms TS: 5.7 cms.

OVARIES are normal in size and show multiple tiny peripherally arranged follicles with central echogenic stroma.
Right ovary measures 3.4 x 1.9 cm Left ovary measures 3.4 x 1.8 cm

POD & adnexa are free.
No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver**
- **Morphological features of polycystic ovaries - Suggested hormonal correlation.**

Name	MS.CHANDINI B M	ID	MED122272709
Age & Gender	33Y/FEMALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Mi

Name	MS.CHANDINI B M	ID	MED122272709
Age & Gender	33Y/FEMALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	1.90	cms.
LEFT ATRIUM	:	2.73	cms.
AVS	:	1.45	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	3.86	cms.
(SYSTOLE)	:	2.73	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	0.93	cms.
(SYSTOLE)	:	1.39	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	0.98	cms.
(SYSTOLE)	:	0.93	cms.
EDV	:	67	ml.
ESV	:	24	ml.
FRACTIONAL SHORTENING	:	38	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A -0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

Name	MS.CHANDINI B M	ID	MED122272709
Age & Gender	33Y/FEMALE	Visit Date	11 Nov 2023
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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:

- **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
CONSULTANT CARDIOLOGIST

Name	MS.CHANDINI B M	ID	MED122272709
Age & Gender	33Y/FEMALE	Visit Date	11 Nov 2023
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Vital Signs™ 226 166 05

CE 0537 LOT D 790

, MS CHANDINI B M
ID: MED122272709

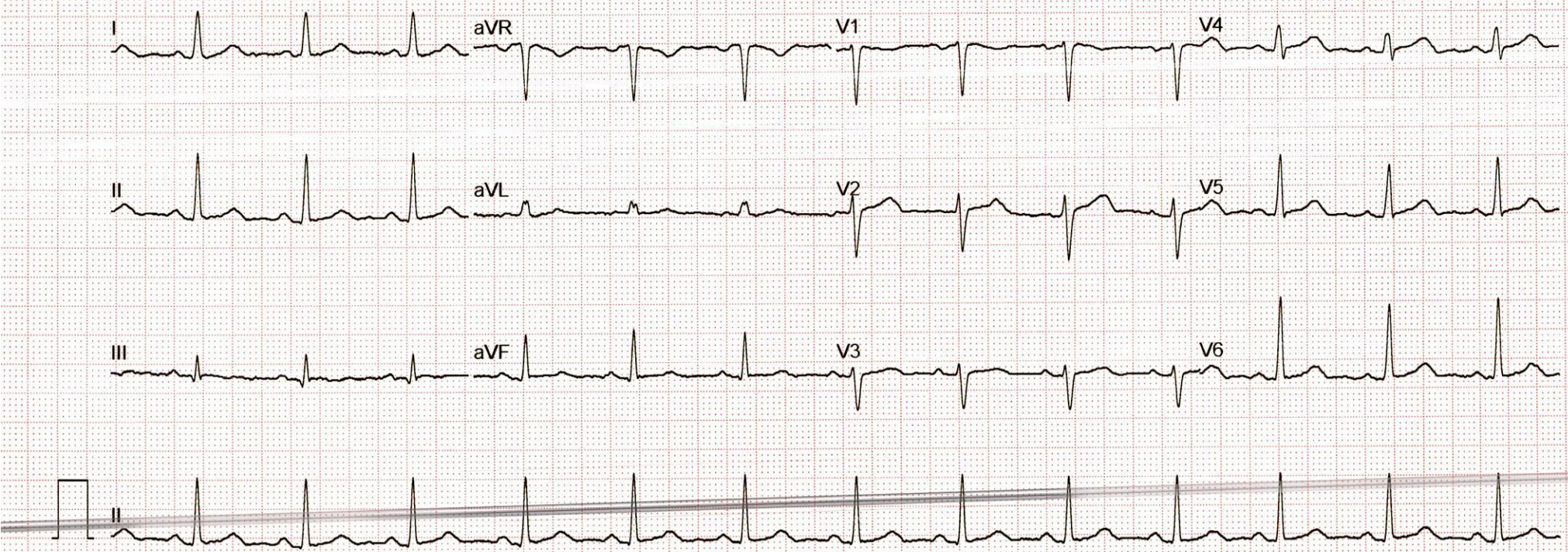
11.11.2023 11:41:14
CLUMAX DIAGNOSTICS
VYALIKAVAL
BANGALORE

80 bpm
-- / -- mmHg

Female
33 Years

QRS :	76 ms
QT / QTcBaz :	392 / 452 ms
PR :	152 ms
P :	102 ms
RR / PP :	748 / 750 ms
P / QRS / T :	51 / 48 / 32 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1