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K.P.H.B. COLONY : MIG 256-258, S.R. Towers, Road No. 4, Hyderabad - 500072. Tel : +91-40-4350 0918
ERRAGADDA : Deccan Chambers, Above Punjab National Bank, Hyderabad - 500018. Tel: +91-40-2381 7362
e-mail: customerservice@adityalabs.com | website: www.adityalabs.co

Name	: MS. LAKSHMI SHARANYA	Reg. No	: O23-2311
Age /Sex	: 31 Y / F	Registration Date	: 10-12-2022
Ref. By	: BANK OF BARODA (MW)	Alt ID	: 9550003580

X-RAY CHEST PA VIEW

- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.
- Lung - clear. No Evidnece of any Signs of active Tuberculosis

IMPRESSION : ***** NORMAL STUDY***

Dr Ravi Krishna
Consultant Radiologist

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Investigation	Result	Normal Ranges

HAEMOGRAM

Investigation	Result	Normal Range
Haemoglobin	13.6 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.7 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	41 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	86 Cubic microns	76 - 96 Cubic microns
MCH	30 Picograms	27- 32 Picograms
MCHC	33 gm%	30 - 36 gm%
WBC (Total)	6,200 cells/cmm	4,000 - 11,000 cells/cmm
DIFFERENTIAL COUNT		
Neutrophils (Polymorphs)	66 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	30 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	02 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	3,41,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	04 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.9 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Method : Automated Cellcounter&Microscopy

Dr Rajani Gutha, Phd
Cheif Biochemist

* End of Report *

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Dr S Ramadevi, MD
Consultant Pathologist

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Investigation		Result	Reference Range
Liver Function Tests			
Total Bilirubin (Method: Walter &Gerarde)	:	0.31 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	:	0.09 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	:	0.22 mg/dl	
Alkaline Phosphatase *(Method: GSCC)*	:	161 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T *(Method: IFCC)*	:	17 IU/L	UP TO 55 IU/L
S G O T *(Method: IFCC)*	:	22 IU/L	UP TO 55 IU/L
Total Proteins *(Method: Biuret)*	:	6.9 gm/dl	6.0 - 8.3 gm/dl
Albumin *(Method: BCG)*	:	4.1 gm/dl	3.5 - 5.2 gm/dl
Globulin *(Method: Calculated)*	:	2.8 gm/dl	
A/G Ratio		1.46	
Gamma GT IFCC Method		50 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L

Lab Incharge

* End of Report *

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Chief Biochemist

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Lipid Profile

Investigation	Result	Reference Range
Total Cholesterol * *Method CHOD-POD*	160 mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * *Method GPO - POD*	211 mg/dL	Normal : < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : =/> 500 mg/dL
H D L Cholesterol * *Method Direct CHOD-PAD*	55 mg/dL	Low : < 40 High : > 60
L D L Cholesterol * *Method Calculated*	62.8 mg/dL	Optimal : < 100 Near Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : =/> 190
V L D L Cholesterol * *Method Calculated*	42.2 mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * *Method Calculated*	2.91 Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * *Method Calculated*	1.14 Ratio	1.5 - 3.5 Ratio

* End of Report *

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Investigation	Result	Reference Range
Fasting Plasma Glucose * *Blood Sugar* *Method GOD-POD*	81 mg/dl	70 - 110 mg/dl
Post Prandial Glucose * *(Blood Sugar)* *Method GOD-POD*	110 mg/dl	70 - 160 mg/dl

* End of Report *

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Investigation	Result	Reference Range
Serum Creatinine * *Method Enzymatic*	0.7 mg/dl	Male : 0.7 - 1.3 mg/ Female : 0.6 - 1.1 mg/ New Born 1 - 4 days : 0.3 - 1.0 mg.dl Infant (upto 1year) : 0.2 - 0.4 mg/d Children : 0.3 - 0.7 mg/
Blood Urea * *Method GLDH*	16 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * *Caculated*	7.4 mg/dl	6 - 25.5 mg/dl
Serum Uric Acid * *Method:Uricase POD*	6.6 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.6 - 6.0 mg/dl

* End of Report *

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Investigation	Result		Normal Ranges
Trilodothyronine Total (TT3)	1.42	ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	9.21	mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) *Method: C.L.I.A*	4.18	µIU/ml	0.35 - 5.50 µIU/ml

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior)indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good.

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Dr Rajani Gutha, Phd
Cheif Biochemist

* End of Report *

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Investigation	Result	Reference Range
% HbA1c (Glycosylated Haemoglobin) *(Method: HPLC-NGSP Certified*	5.0 %	< 6.0 : Pre Diabetic 6-7 : Good Control 7-8 : Weak Control > 8.0 : Poor Control

Intrepretation :

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell,but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

* End of Report *

Dr Rajini G, Phd
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Investigation	Result

Complete Urine Examination

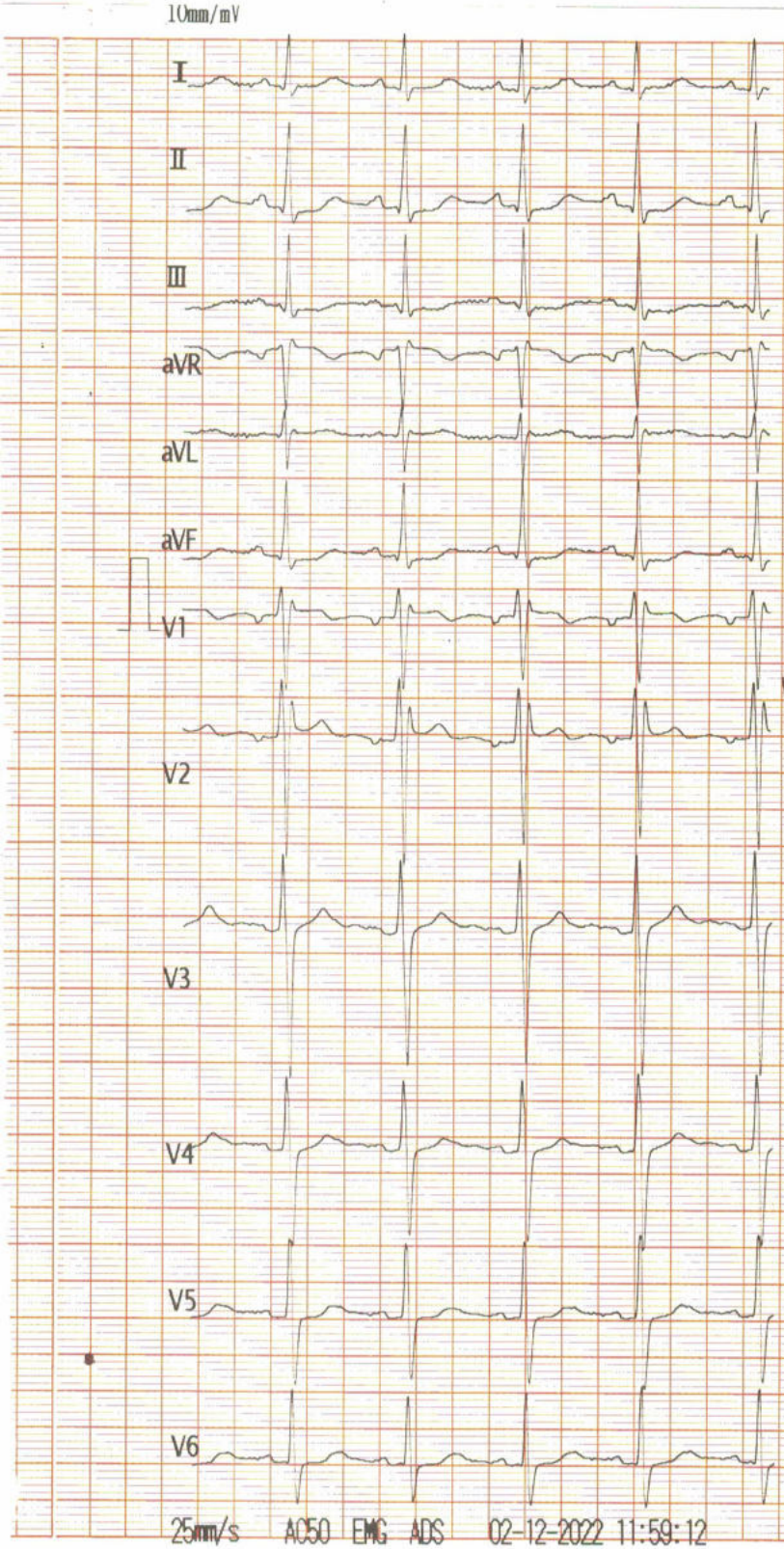
Investigation		Result	
PHYSICAL EXAMINATION			
Colour	:	Pale Yellow	
Apperance	:	Clear	
Reaction	:	Acidic	
Specific Gravity	:	1.015	
CHEMICAL EXAMINATION			
Albumin	:	Nil	
Glucose	:	Nil	
MICROSCOPIC EXAMINATION			
Pus Cells	:	1 - 2	/HPF
Epithelial Cells	:	2 - 3	/HPF
RBC	:	Nil	/HPF
Crystals	:	Nil	
Casts	:	Nil	
Bacteria	:	Nil	
Others	:	Nil	

* End of report *

Dr Rajani Gutha
Chief Biochemist

Verified by

D RS Ramadevi, MD
Consultant Pathologist



TO BE CORRELATED CLINICALLY

Vent. Rate(BPM) :	94			<ECG Analysis Result>:
PR Int.(ms) :	135			800 Normal Sinus Rhythm
P/QRS/T Int.(ms) :	95	117	181	506 Incomplete Right Bundle Branc
QT/QTc Int.(ms) :	372	470		*** Borderline Abnormal ECG ***
P/QRS/T Axis(Deg.) :	17	66	52	
RV1/SV5 Amp.(mV) :	0.37	0.90		
RV5/SV1 Amp.(mV) :	1.04	0.93		

V2.33 Technician :

Dr. V. HARIRAM
MD.DM(Card)
HARI'S HEART CLINIC
1st Floor, MIG-321, 4th Road,
Note: Unconfirmed Report Need

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
+0.00	-0.04	-0.04	+0.01	+0.02	-0.04
V1	V2	V3	V4	V5	V6
+0.05	+0.08	+0.08	+0.03	+0.00	-0.00

023-2311 F / 31 Y
MS. LAKSHMI CHARANYA
Aditya Diagnostics 10-12-2022

<UVV > 00000000000 M 255Y / cm/Kg

Care

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Ultrasound Scan Of Abdomen

Liver — *Size (149 mm), Shape, contour normal with increased echotexture.*
No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and buliary radicals are normal.

Gall Bladder — Partially distended, Shape and wall thickness are normal.
No calculus or no mass lesions are seen.

Spleen — Size : 95 mm, Shape and echotexture normal, No abnormal calcifications seen.

Pancreas — Head, body and tail echotexture are normal. Pancreatic duct normal.
No mass or cystic lesions seen. No calcifications are seen.

Kidneys — Right kidney Measures : 96 x 39 mm
Left kidney Measures : 107 x 49 mm

Peri renal areas normal, Renal capsule normal, Cortical thickess,
Cortical echopattern and corticomedullary differentiation are normal.
Pelvicalyceal system normal. No calculus or no mass lesions are seen.

Urinary Bladder — Minimally distended, Normal wall thickness. No evidence of calculi. No focal lesions.

Uterus — *Visualised parts appears normal in size. Size : 69 x 48 x 58 mm.*
Echotexture normal, No calcification seen.
Endometrium thickness could not be delineated clearly due to sub optimal window.

Ovarie — Could not be visualised due to suboptimal window.

Others — Aorta and IVC are normal. No lymphadenopathy. No ascitis.

Impression:
- *Grade I Fatty liver*

Adv- Correlate Clinically

Dr Md Azam
Radiologist