



Name : MS. KEERTHI LATHA T
Age /Sex : 31 Y /F
Specimen Type :
BANK OF BARODA (MW)

Reg. No : 023-3058
Registration Date : 05-02-2023 09:16 AM
Alternate Id : 9620527908
Report Date : 05-02-2023

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 Evidence of any Signs of active Tuberculosis

IMPRESSION :

**** NORMAL STUDY**



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Ultrasound Scan Of Abdomen

Liver Slightly increased in Size (155 mm), Shape, contour normal. Increased in echotexture. No localized mass lesions seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal.

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

Spleen Size : 88 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 : 107 X 41 mm
Left kidney Measures : 109 X 48 mm

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

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

Uterus Size : 77 X 37 X 55 mm,
No calcification seen. Endometrium thickness 8.2 mm

Ovaries Both ovaries are normal in size, shape and echotexture.
Right Ovary : 31 X 15 mm. Left Ovary : 38 X 20 mm

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

Impression: - Borderline Hepatomegaly with grade - I fatty liver.
- Features suggestive of fibroid uterus.
Advice - Clinically Correlation.

DR. MD/.AZAM
Radiologist



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Investigation

Result

Reference Range

Fasting Plasma Glucose *

84 mg/dl

70 - 110 mg/dl

Blood Sugar

Method GOD-POD

Post Prandial Glucose *

101 mg/dl

70 - 160 mg/dl

(Blood Sugar)

Method GOD-POD

* End of Report *

Dr Rajini G, Phd
Chief Biochemist

Verified by

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Consultant Pathologist



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Liver Function Tests

Total Bilirubin (Method: Walter &Gerarde)	: 0.42 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	: 0.12 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	: 0.3 mg/dl	
Alkaline Phosphatase (Method: GSCC)	: 58 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T (Method: IFCC)	: 22 IU/L	UP TO 55 IU/L
S G O T (Method: IFCC)	: 14 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	: 6.7 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	: 3.9 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	: 2.8 gm/dl	
A/G Ratio	1.39	
Gamma GT IFCC Method	15 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L

Lab Incharge

* End of Report *

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Reference Range

% HbA1c (Glycosylated Haemoglobin)
(Method: HPLC-NGSP Certified)

5.1 %

< 6.0 : Pre Diabetic
6-7 : Good Control
7-8 : Weak Control
> 8.0 : Poor Control

Intpretation :

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 within 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.

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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	13.1 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.2 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	39 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	84 Cubic microns	76 - 96 Cubic microns
MCH	29 Picograms	27- 32 Picograms
MCHC	32 gm%	30 - 36 gm%
WBC (Total)	8,800 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	62 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	30 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	04 %	1 - 6 %
Monocytes	04 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	3,61,000 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	0.8 %	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
Chief Biochemist

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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 : 2 - 3 /HPF
Epithelial Cells : 3 - 4 /HPF
RBC : Nil /HPF
Crystals : Nil
Casts : Nil
Bacteria : Nil
Others : Nil

* End of report *

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Chief Biochemist

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D RS Ramadevi, MD
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Investigation

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Normal Ranges

Trilodothyronine Total (TT3)	1.00 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	8.72 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) <i>Method: C.L.I.A</i>	1.12 μ IU/ml	0.35 - 5.50 μ IU/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.

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MEDICAL CHECK UP FORM

Physical Examination :

Height (Cms): Weight (KG)
 Body Mass Index (BMI) :
 Pulse Rate : /Min Regular / Abnormal
 B P :
 Skin :
 Nails :

Personal History

Smoking : Yes / No
 Alcoholism : Yes / No
 Diabetes : Yes / No
 Hypertension : Yes / No
 Allergy : Yes / No

Oral Hygenic :

Complaints if any : _____

Family History : _____

Systemic Examination - Abnormality - If Yes Please explain)

- * CVS - Yes / No
- * CNS - Yes / No
- * GI Tract - Yes / No
- * Abdomen - Yes / No
- Respiratory Tract - Yes / No

Investigations : (N = Normal; R - See Report)

- * Complete Blood Picture & ESR -
- * Blood Grouping and RH(D) Typing -
- * Fasting Blood Sugar -
- * S.G.P.T -

- * Serum Creatinine -
- * Complete Urine Examination -
- * X-Ray Chest PA View -
- * Audiometry -
- * Color Vision -

Diagnosis (if any)

Recommendations / Impression :

- a) Candidate is fit for the employment
- b) Candidate is unfit for the employment
- c) For discussion with H R D

PHYSICIAN SIGNATURE & STAMP



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OPHTHALMIC EXAMINATION

VISUAL ACUITY

	RIGHT EYE	LEFT EYE
Distant Vision		
Without glasses		
With Glasses		
Near Vision		
Without Glasses		
With Glasses		

- Anterior Segment :
- Posterior Segment :
- Adnexal :
- SLE :
- External Exam :
- Refraction :
- Color Vision :

Opinion/ Advice:

	Right EYE			Left EYE		
	SPH	CYL	AXIS	SPH	CYL	AXIS
Distant Vision						
Near Vision						

COLOUR PRECEPTION EXAMINATION : Ishara 32 Plates Pseudo iso-Chromatic Plates test

Type	No of Plates	No of errors	Results *
Ishara Color Vision Type			

**Interpretation : NS : Normal: R : Partial Color Blind: PCB: Totally Color Blind;
 PCB-R : Remarks if any**

Ophthalmologist / Optician



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Investigation

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Reference Range

Serum Creatinine *
Method Enzymatic

0.7 mg/dl

Male : 0.7 - 1.3 mg/dl
Female : 0.6 - 1.1 mg/dl
New Born 1 - 4 days : 0.3 - 1.0 mg/dl
Infant (upto 1year) : 0.2 - 0.4 mg/dl
Children : 0.3 - 0.7 mg/dl

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Reference Range

Blood Urea *
Method GLDH

20 mg/dl

10 - 50 mg/dl

Blood Urea Nitrogen *
Calculated

9.3 mg/dl

6 - 25.5 mg/dl

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Reference Range

Serum Uric Acid *
Method:Uricase POD

6.6 mg/dl

Male : 3.5 - 7.2 mg/dl

Female : 2.6 - 6.0 mg/dl

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Investigation

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Reference Range

Lipid Profile

Total Cholesterol *

188 mg/dL

Normal : < 200 mg/dL

Method CHOD-POD

Borderline High : 200 - 239 mg/dL

High : > 240 mg/dL

Serum Triglycerides *

231 mg/dL

Normal : < 150 mg/dL

Method GPO - POD

Borderline High : 150 - 199 mg/dL

High : 200 - 499 mg/dL

Very High : =/> 500 mg/dL

H D L Cholesterol *

45 mg/dL

Low : < 40

Method Direct CHOD-PAD

High : > 60

L D L Cholesterol *

96.8 mg/dL

Optimal : < 100

Method Calculated

Near Optimal : 100 - 129

Borderline High : 130 - 159

High : 160 - 189

Very High : =/> 190

V L D L Cholesterol *

46.2 mg/dL

10 - 30 mg/dL

Method Calculated

TC / HDL Cholesterol Ratio *

4.18 Ratio

3.0 - 5.0 Ratio

Method Calculated

LDL / HDL Ratio *

2.15 Ratio

1.5 - 3.5 Ratio

Method Calculated

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Investigation

Result

Normal Ranges

Investigation

Result

Blood Group

" B "

Rh Typing (Anti-D)

POSITIVE

Dr Rajani Gutha, Phd
Chief Biochemist

* End of Report *

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Consultant Pathologist