

Name : Mrs. MARIAMMA RINI
KURIAKOSE

PID No. : MED111034600

SID No. : 1802211792

Age / Sex : 34 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 26/03/2022 10:04 AM

Collection On : 26/03/2022 10:47 AM

Report On : 26/03/2022 7:24 PM

Printed On : 28/03/2022 7:58 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.0	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.16	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	86.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.3	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	50.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.7	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	8.1	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	9.3	%	01 - 10


Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 142072

APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.8	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.8	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.0	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	276	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.6	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.237	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 20
BUN / Creatinine Ratio	9.17		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.8	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	93.9	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)	7.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.85	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)	2.1	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.99	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.79	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.3	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.4	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.3	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	48.3	U/L	42 - 98
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Total Protein (Serum/Biuret)	7.11	gm/dl	6.0 - 8.0
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Albumin (Serum/Bromocresol green)	4.18	gm/dl	3.5 - 5.2
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Globulin (Serum/Derived)	2.93	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.43		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	191.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.1	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)	64.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	111.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	127.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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Investigation

Observed Value

Unit

Biological Reference Interval

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)	3		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose (Whole Blood)	108.28	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 glycaemic 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/Chemiluminescent Immunometric Assay (CLIA))	1.73	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.


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T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	10.7	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/Chemiluminescent Immunometric Assay (CLIA))	2.21	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated – Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL


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Crystals (Urine/Automated – Flow cytometry)	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.

A stylized signature in blue and pink ink.

Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 442072

APPROVED BY

-- End of Report --

Name	MARIAMMA RINI KURIAKOSE	Customer ID	MED111034600
Age & Gender	34Y/F	Visit Date	Mar 26 2022 9:40AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The heart size and configuration are within normal limits. The aortic arch is normal.

The lung fields are otherwise normal.

Both the pulmonary hila are normal in size.

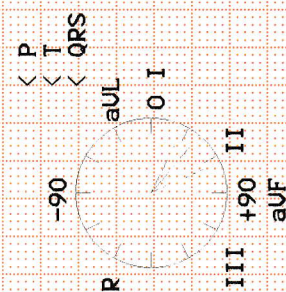
Blunting of the left costophrenic angle is noted.

The right costophrenic and bilateral cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

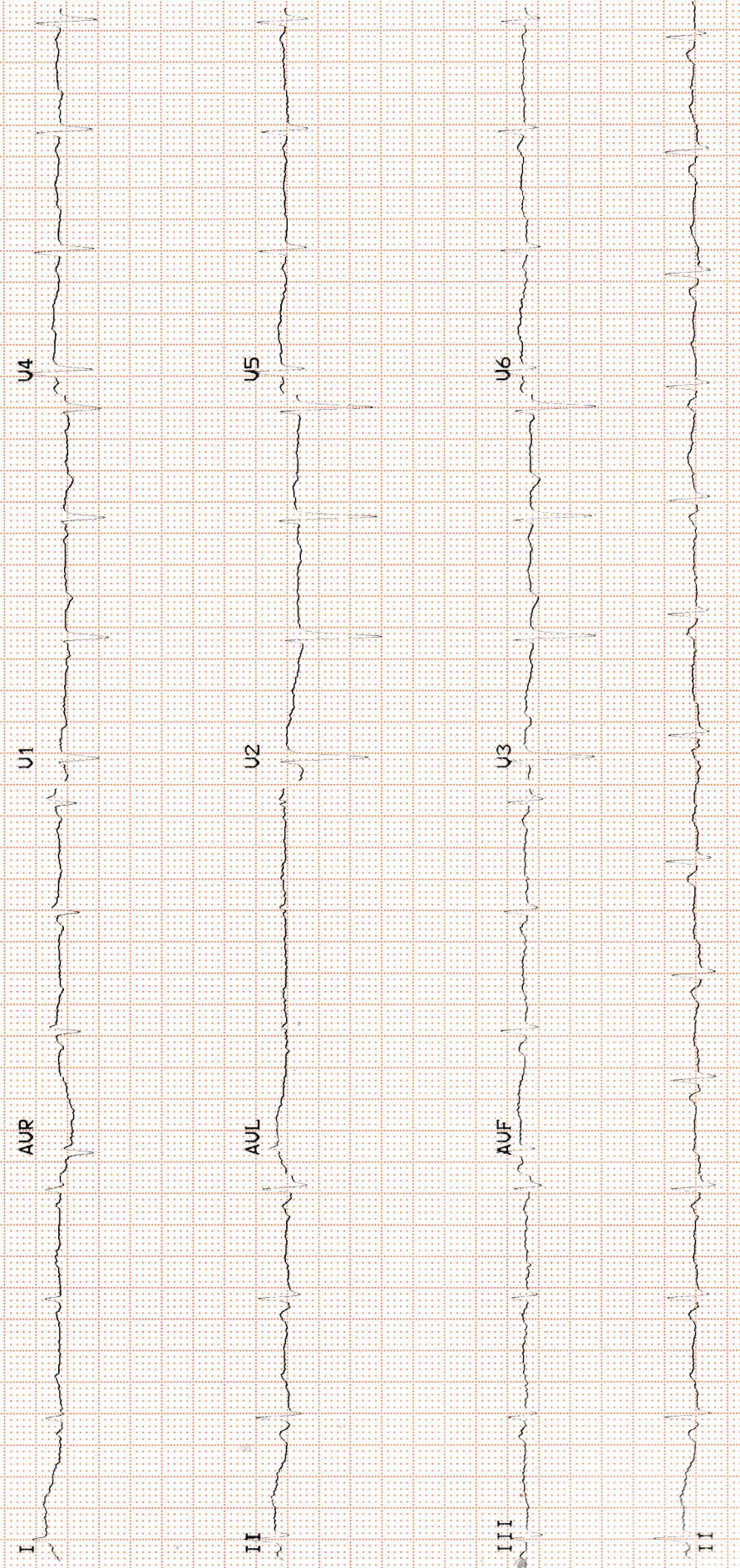

DR. REKHA S. CHERIAN, DMRD.DNB.FRCR.,
CONSULTANT RADIOLOGIST

Female
 Measurement Results:
 QRS : 368 / 90 ms
 QT/QTcB : 427 ms / -90
 PR : 138 ms
 P : 108 ms
 RR/PP : 728 / 740 ms
 P/QRS/T : 65/ 40/ 26 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Nonspecific T wave abnormality
 Abnormal ECG

Unconfirmed report.



Name	MARIAMMA RINI KURIAKOSE	ID	MED111034600
Age & Gender	34Year(s)/FEMALE	Visit Date	3/26/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

ECHO CARDIOGRAPHY REPORT

Measurements:-

M Mode:

IVS d	1.0 cm	IVS s	0.9 cm
LVID d	5.5 cm	LVID s	3.5 cm
LVPW d	0.9 cm	LVPW s	1.0 cm
AO	2.4 cm	LA	2.5 cm

Doppler study:

Location	m/sec	Location	m/sec
MP A vel	0.9	MV E	0.8
PGT	3 mmHg	A	0.4
AV vel	0.8	Ratio	1.83
PGT	2 mmHg	TV VEL	1.5
EF	64 %	PGT	11 mmHg
FS	35 %		

2D:

LA : NORMAL	RA : NORMAL
LV : NORMAL	RV : NORMAL
AV : NORMAL	PV : NORMAL
MV : NORMAL	TV : NORMAL
AO : NORMAL	PA : NORMAL

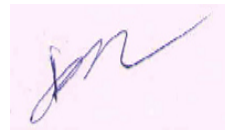
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Ref Doctor Name	MediWheel		

Observations:

- **Cardiac chambers dimension-normal**
- **No regional wall motion abnormality**
- **Normal LV systolic and diastolic function**
- **Doppler flow pattern normal**
- **Trivial MR**
- **No pulmonary hypertension**
- **Normal Pericardium**
- **IAS/ IVS appear Intact**
- **No mass**

CONCLUSIONS:

- ***NORMAL CARDIAC DIMENSIONS.***
- ***NO REGIONAL WALL MOTION ABNORMALITIES.***
- ***GOOD LV SYSTOLIC FUNCTION.***
- ***LVEF 64 %***



**Prof. N. Subramanian MD, DM(CARD) FRCP, FACC
Consultant Cardiologist**

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Age & Gender	34Year(s)/FEMALE	Visit Date	3/26/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Done By :-M.Padmapushani
Cardiac technologist

Name: MRS. MARIAMMA RINI KURIAKOSE Age & Sex: 34 YEARS/ FEMALE

Date : 29/03/2022

		Right Eye	Left Eye
DISTANT VISION	<u>Without Glasses</u>	<u>6/36</u>	<u>6/36</u>
	With Glass	6/9	6/9
NEAR VISION	<u>Without Glasses</u>	<u>N6</u>	<u>N6</u>
	With Glass	N6	N6
COLOUR VISION		NORMAL	
EXTERNAL EYE EXAMINATION		NORMAL	

REMARKS: Normal



Dr. Akila Ravikumar
MBBS., M.Phil., P.G.Dip. Diabetology
Regd. No. 46536
Consultant Family Physician & Diabetologist



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Age & Gender	34Year(s)/FEMALE	Visit Date	3/26/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.5 x 3.2 cms.

The left kidney measures 9.8 x 5.1 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

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The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 8.4 x 3.8 cms.

Myometrial echoes are homogeneous.

The endometrial thickness is 10 mm.

The right ovary measures 2.9 x 2.8 cms.

The left ovary measures 3.2 x 2.6 cms.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **Normal study.**

ss

CONSULTANT RADIOLOGIST

DR. S.GNANAM MBBS.,DMRD.,