

Name	: Mrs. K LALITHA	REG/LAB NO.	: 23020087 / 1248
AGE/SEX	: 29 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 08:29 AM
REFERRED BY	:	DATE OF REPORT	: 13-02-2023 at 05:36 PM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
BLOOD GROUP	"O"	
RH TYPE	POSITIVE	
COMPLETE BLOOD COUNT(CBC)		
HAEMOGLOBIN	8.8 gm/dl	12 - 16 gm/dl
TOTAL COUNT	7300 cells/cumm	4000 - 11000 cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHILS	71 %	40 - 70 %
LYMPHOCYTES	20 %	20 - 45 %
EOSINOPHILS	03 %	2 - 8 %
MONOCYTES	06 %	1 - 6 %
BASOPHILS	00 %	0 - 1 %
PLATELET COUNT	3.5 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
R.B.C COUNT	4.0 mill/cumm	4 - 5.5 mill/cumm
PACKED CELL VOLUME (PCV)	29 %	37 - 47 %
M.C.V	73 fl	80 - 98 fl
M.C.H	22 pg	26 - 34 pg
M.C.H.C	30 %	31 - 38 %
ESR	35 mm/hr	0 - 20 mm/hr

Interpretation:

ESR is non specific marker of inflammatory process. Its main clinical utility is in monitoring the course or response to treatment of various acute and chronic disorders like hematologic diseases, malignancy, collagen vascular disorders and renal diseases.

FASTING BLOOD SUGAR	92 mg/dl	60 - 110 mg/dl
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COMMENTS :

80 - 99 mg/dL : Normal, 100 - 125 mg/dL : Impaired Fasting Glucose (Pre-Diabetes), >126 mg/ dL : Diabetes.

reference intervals for FBS from ADA RECOMMENDATION 2015.

A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

Impaired fasting glucose (IFG) : Fasting glucose repeatedly is at upper limit, family history or abnormal lipid profile.

Advised : HbA1c and clinical correlation.

NOTE :

In absence of pregnancy, IGT and IFG are risk factors for future DM and cardiovascular disease ; they are not clinical entities.

A person's blood glucose levels normally move up and down depending on meals , Exercise, sickness, and stress.



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TEST PARAMETER	RESULT	REFERENCE RANGE
HbA _{1c} (GLYCOSYLATED Hb) <small>HPLC</small>	5.5 %	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5

MEAN BLOOD GLUCOSE 108.3
Calculated

Degree of Control	HbA _{1c}	MBG
Normal	< 6.0 %	61-124 mg/dl
Good Control	6.0-7.0 %	124-156 mg/dl
Fair Control	7.0-8.0 %	158-188 mg/dl
Poor Control	> 8.0 %	>188 mg/dl

Note:

1. Since HbA_{1c} reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA_{1c}.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:

HbA_{1c} 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. ADA criteria for correlation between HbA_{1c} & Mean plasma glucose levels.

POST PRANDIAL BLOOD SUGAR	114 mg/dl	70 - 140 mg/dl
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TEST PARAMETER	RESULT	REFERENCE RANGE
COMPLETE URINE ANALYSIS		
PHYSICAL CHARACTERS		
COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.015	1.005-1.030
pH	6.5	4.5-7.0
CHEMICAL CONSTITUENTS		
ALBUMIN	PRESENT (+)	ABSENT
SUGAR	NIL	ABSENT
BILE SALTS	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT
KETONE BODIES	ABSENT	ABSENT
MICROSCOPY		
PUS CELLS	4 - 5 /hpf	4-6
R.B.C	NIL	0-4
EPITHELIAL CELLS	1 - 2 /hpf	0-2
CASTS	ABSENT	ABSENT
CRYSTALS	ABSENT	ABSENT
FASTING URINE SUGAR	NIL	NIL
POST PRANDIAL URINE SUGAR (PPUS)	NIL	NIL
LIPID PROFILE TEST (LPT)		
TOTAL CHOLESTEROL	163 mg/dl	up to 200 mg/dl
TRIGLYCERIDES	208 mg/dl	up to 200 mg/dl Special condition: Borderline high risk : 200 - 400 mg/dL Elevated : > 400 mg/dL
HDL CHOLESTEROL - DIRECT	30 mg/dl	35 - 55 mg/dl
LDL CHOLESTEROL - DIRECT	91.4 mg/dl	up to 150 mg/dl
VLDL CHOLESTEROL	41.6 mg/dl	0 - 60 mg/dl
TC/HDL	5.4	
LDL/HDL	3.0	



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TEST PARAMETER	RESULT	REFERENCE RANGE
LIVER FUNCTION TEST (LFT)		
TOTAL BILIRUBIN	0.4 mg/dl	0 - 1 mg/dl
DIRECT BILIRUBIN	0.1 mg/dl	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	0.3 mg/dl	0 - 0.75 mg/dl
TOTAL PROTEIN	7.5 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.6 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	2.9 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.6	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST)	12 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	18 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	99 IU/L	25 - 147 IU/L
RENAL FUNCTION TEST (RFT)		
BLOOD UREA	33 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	4.6 mg/dL	3.2 - 6.4 mg/dL
SERUM CREATININE	0.8 mg/dL	0.6 - 1.4 mg/dL



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TEST PARAMETER	RESULT	REFERENCE RANGE
THYROID PROFILE (T3, T4, TSH)		
TOTAL TRIIODOTHYRONINE (T3) <small>CLIA</small>	0.84 ng/mL	0.60-1.81 1st Trimester :0.71 - 1.75 2nd Trimester :0.91 - 1.95 3rd Trimester :1.04 - 1.82
TOTAL THYROXINE (T4) <small>CLIA</small>	7.31 µg/dL	4.5-10.9 1st Trimester :6.5 - 10.1 2nd Trimester :7.5 - 10.03 3rd Trimester :6.3 - 9.7
THYROID STIMULATING HORMONE (TSH) <small>CLIA</small>	16.377 µIU/ml	0.35-5.5 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester :0.3 - 3.0

Note:

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50% hence time of the day has influence on the measured serum TSH concentrations.
- 2.Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3.Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:


Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Non thyroidal illness, Autoimmune thyroid disease, Pregnancy ,associated thyroid disorders, Thyroid dysfunction in infancy and early childhood

Dispatched by: Somashekara h c

**** End of Report ****

Printed by: Somashekara h c on 13-02-2023 at 05:36 PM

Lab Technician



Dr. Sowmya T.M
DNB ,PDF
Consultant Pathologist



Mediclu Diagnostics & Speciality Centre

Patient Details

Date: 11-Feb-23

Time: 13:30:28

Name: MRS K LALITHA ID: 258741546

Age: 32 y

Sex: F

Height: 173 cms

Weight: 94 Kgs

Interpretation

- Target heart rate achieved 87%.
- Average effort tolerance, Normal HR & BP response.
- No significant ST-T changes during exercise and recovery.
- No angina / Arrhythmias.

IMPRESSION:

- TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

To correlate clinically.

Ref. Doctor: MEDIWHEEL

Doctor: DR LOKESH KM

(Summary Report edited by user)

Mediclu Diagnostics & Speciality Centre

Patient Details **Date:** 11-Feb-23 **Time:** 13:30:28
Name: MRS K LALITHA **ID:** 258741546
Age: 32 y **Sex:** F **Height:** 173 cms **Weight:** 94 Kgs
Clinical History:

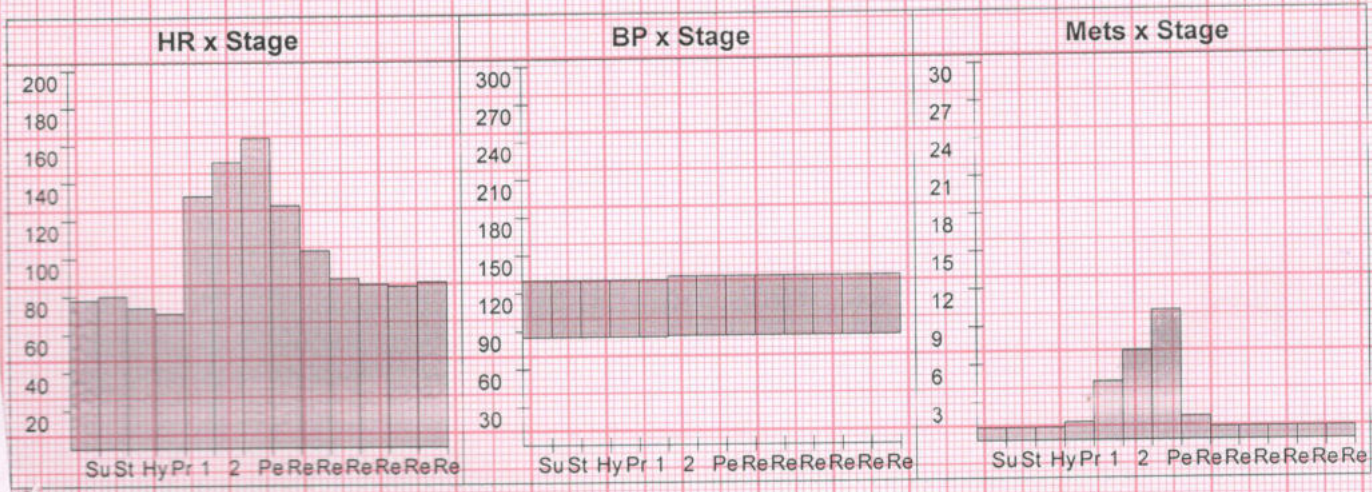
Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 188 bpm **THR:** 169 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 58 s **Max. HR:** 164 (87% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 133 / 86 mmHg **Max. BP x HR:** 21812 mmHg/min **Min. BP x HR:** 6290 mmHg/min
Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	78	130 / 85	-0.85 aVR	1.06 II
Standing	0 : 22	1.0	0	0	80	130 / 85	-0.85 aVR	1.06 II
Hyperventilation	0 : 13	1.0	0	0	74	130 / 85	-0.64 aVR	0.71 II
1	3 : 0	4.6	1.7	10	133	130 / 85	-0.85 II	2.83 V2
2	3 : 0	7.0	2.5	12	151	133 / 86	-1.70 II	2.12 V2
Peak Ex	0 : 58	10.2	3.4	14	164	133 / 86	-2.12 II	2.48 V2
Recovery(1)	1 : 0	1.8	1	0	128	133 / 86	-2.12 III	2.83 V3
Recovery(2)	1 : 0	1.0	0	0	104	133 / 86	-0.64 aVR	3.18 V4
Recovery(3)	1 : 0	1.0	0	0	89	133 / 86	-0.64 II	1.77 V4
Recovery(4)	1 : 0	1.0	0	0	86	133 / 86	-1.06 V5	1.42 V5
Recovery(5)	1 : 0	1.0	0	0	85	133 / 86	-0.64 II	0.71 II
Recovery(6)	0 : 3	1.0	0	0	87	133 / 86	-0.21 I	0.71 II



NAME:	Mrs. K LALITHA	DATE:	11-02-2023
AGE:	32 YEARS	ID. NO:	201610
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

USG REPORT - ABDOMEN AND PELVIS

Suboptimal scan due to patient body habitus.

OBSERVATION:

LIVER:

Liver is enlarged in size (18.8 cm) and shows mild diffuse increase in echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (10.7 cm) with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 11.7 x 1.2 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

There is a small simple cortical cyst measuring ~8 x 8 mm lower pole.

The shape, size and contour of the right kidney appear normal. Cortico-medullary differentiation is maintained. No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 12.8 x 1.4 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal. Cortico-medullary differentiation is maintained. No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

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X-RAY REPORT- CHEST (PA VIEW)

FINDINGS:

Straightening of left heart border-? Pericardial fat (*Suggested clinical correlation*).

CP angles are clear.

Both the hila appear normal.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.



Dr. MOHAN S. MDRD
Consultant radiologist

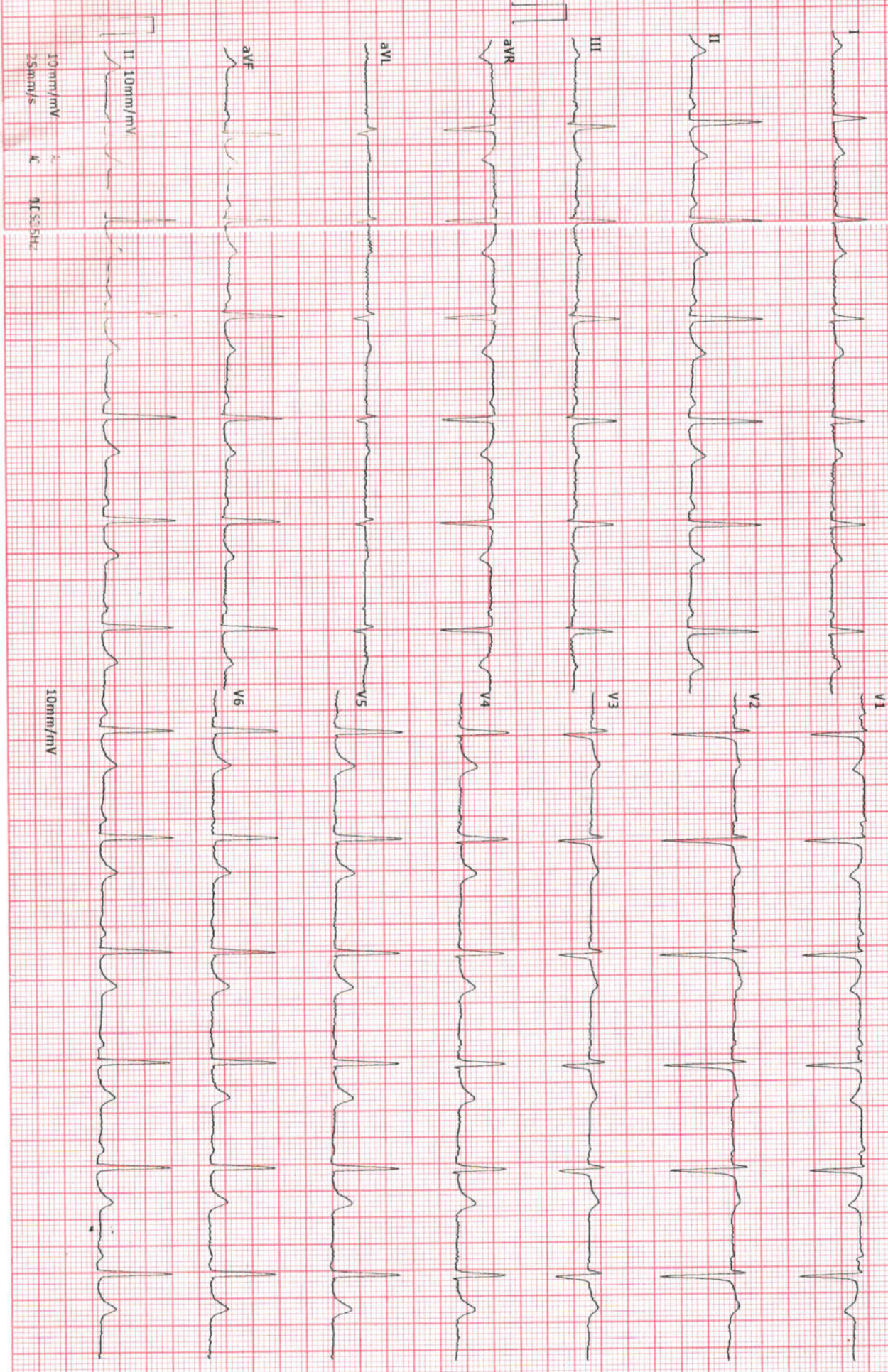
ID Card:
Name: K LALITHA
Age: 32
Weight (kg): 94

Gender: Female
Height (cm):
BP (mmHg): 119/76

P-R.....ms 133
Q-R-S.....ms 96
QT/QTc.....ms 380/426
P/QRS/T AXES.....deg 59/63/159
RV5/SV1.....mV 1.17/0.97
RV5+SV1.....mV 2.14

801 Sinus Rhythm
** NORMAL ECG **
Report Confirmed by:

*The result must be confirmed by doctor!



10mm/mV
25mm/s

10mm/mV