Name	: Mrs. AMUDHA MUGESH				
PID No.	: MED111016885	Register On	: 12/03/2022 7:21 AM		
SID No.	: 222005270	Collection On	: 12/03/2022 7:48 AM		
Age / Sex	: 43 Year(s) / Female	Report On	: 12/03/2022 7:11 PM		
Type	: OP	Printed On	: 14/03/2022 1:29 PM		
Ref. Dr	: MediWheel				

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

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	12.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**180.6**	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F/*GOD - POD)*	**Trace**		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	**207.3**	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Glucose(PP-2 hours) (Urine - PP*)*	**Positive(++)**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	7.7	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.62	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum/*Enzymatic)*	3.7	mg/dL	2.6 - 6.0

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.75	mg/dL	0.1 - 1.2

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.51	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	26.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	38.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	14.4	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	69.8	U/L	42 - 98
Total Protein (Serum/*Biuret)*	6.79	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.06	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.73	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.49		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	153.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	106.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition)*	**29.1**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	103.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	21.3	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	124.5	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)*	5.3		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated)*	3.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

THYROID PROFILE / TFT

Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	0.97	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.

Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	8.18	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.

Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	4.25	µIU/mL	0.35 - 5.50

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<0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

Investigation	Observed Value	Unit	Biological Reference Interval
COLOUR (Urine*)*	pale Yellow		Yellow to Amber

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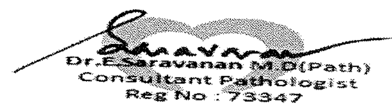
Investigation	Observed Value	Unit	Biological Reference Interval
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/*Protein error of indicator*)	Negative		Negative
Glucose (Urine/*GOD - POD*)	**Trace**		Negative
Pus Cells (Urine/*Automated – Flow cytometry*)	**2 - 4**	/hpf	NIL
Epithelial Cells (Urine/*Automated – Flow cytometry*)	**1 - 2**	/hpf	NIL
RBCs (Urine/*Automated – Flow cytometry*)	NIL	/hpf	NIL
Casts (Urine/*Automated – Flow cytometry*)	NIL	/hpf	NIL
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.



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Investigation	Observed Value	Unit	Biological Reference Interval
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/*Spectrophotometry)*	**11.2**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	**34.0**	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation)*	4.37	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	**77.7**	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	**25.7**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	33.1	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	15.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	41.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	**12100**	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	68.4	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	25.0	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.2	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	4.8	%	01 - 10

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685

VERIFIED BY

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.6	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	**8.3**	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	3.0	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.1	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.6	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.1	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	397	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	8.5	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter)*	**0.337**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	10	mm/hr	< 20

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REG NO:116685

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Ref. Dr	: **MediWheel**				

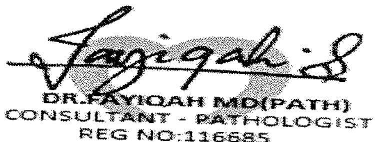
Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	**8.1**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood*)*	185.77	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.



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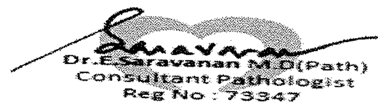

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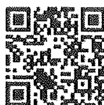

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Customer Name	MRS.AMUDHA MUGESH	Customer ID	MED111016885
Age & Gender	43Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged and shows diffuse fatty changes. No focal lesion is seen.

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 the 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 11.4 x 4.6 cm.

The left kidney measures 10.6 x 5.3 cm.

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.

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

The uterus is anteverted, and measures 9.6 x 5.0 cm.

Myometrial echoes are homogeneous. The endometrial thickness is 5.7 mm.

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Customer Name	MRS.AMUDHA MUGESH	Customer ID	MED111016885
Age & Gender	43Y/FEMALE	Visit Date	12/03/2022
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The right ovary measures 3.0 x 2.0 cm.

The left ovary measures 3.2 x 1.9 cm.

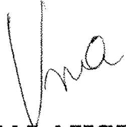
No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Hepatomegaly with fatty changes.**
- **Normal study of other organs.**



DR. UMALAKSHMI
SONOLOGIST

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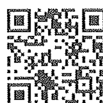

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Precision Diagnostics-vadapalani
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

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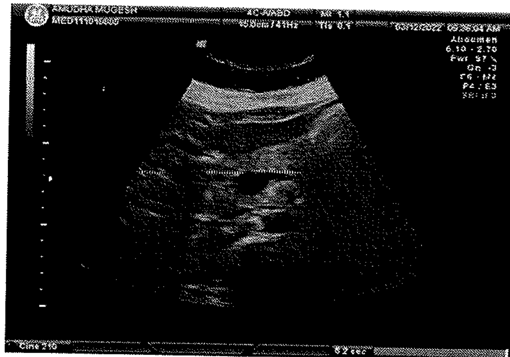

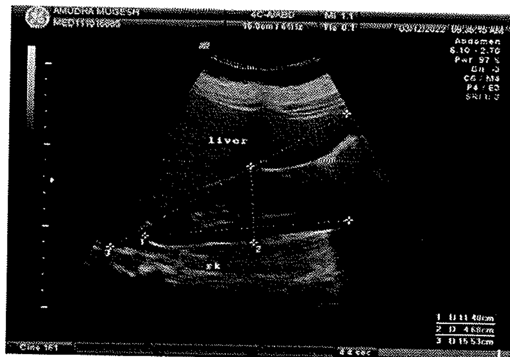

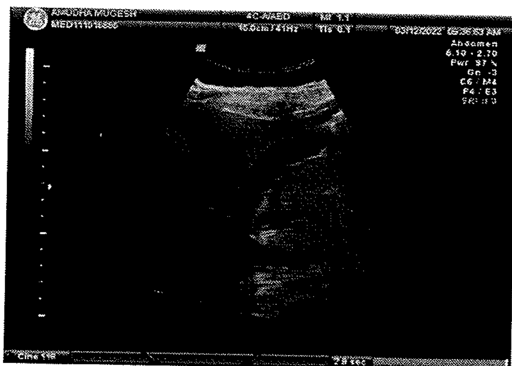

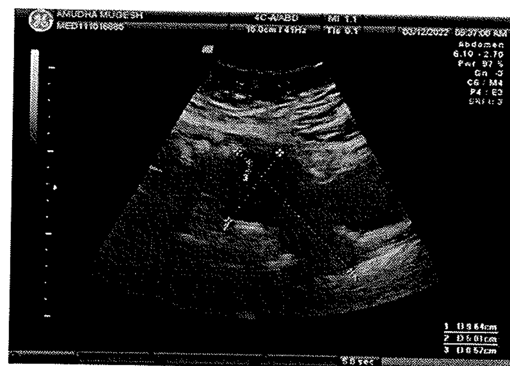

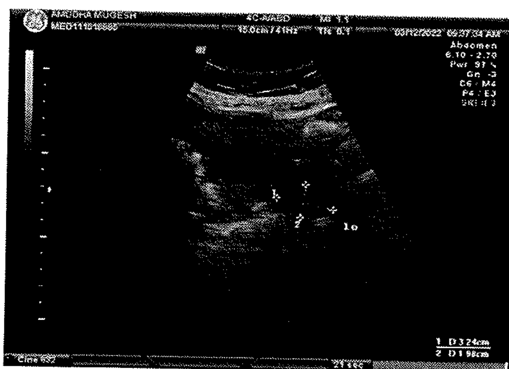

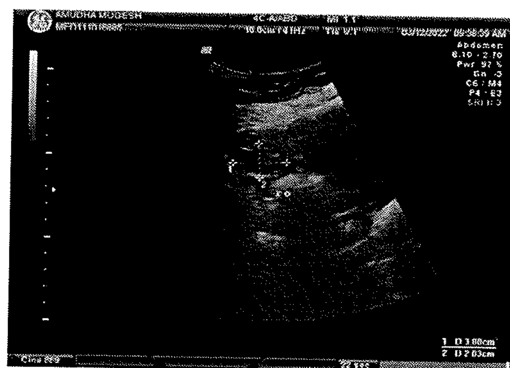

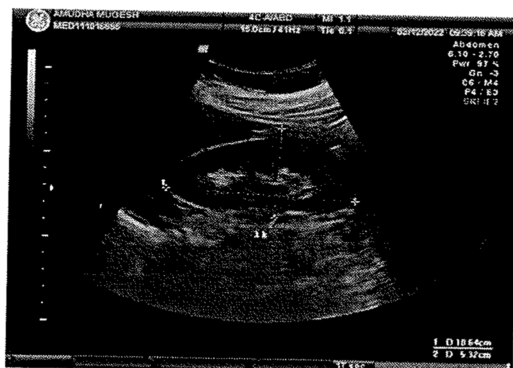

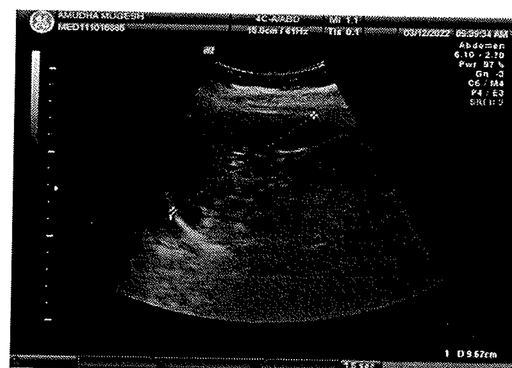

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DIAGNOSTICS
experts who care

Name	AMUDHA MUGESH	Customer ID	MED111016885
Age & Gender	43Y/F	Visit Date	Mar 12 2022 7:20AM
Ref Doctor	MediWheel		

X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- ***Chest x-ray shows no significant abnormality.***

Dr. Rama Krishnan. MD, DNB.,
Consultant Radiologist.
Medall Healthcare Pvt Ltd.

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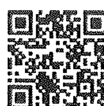

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MEDALL

Customer Name	MRS.AMUDHA MUGESH	Customer ID	MED111016885
Age & Gender	43Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 155.0 cms
Weight : 68.5 kg
BMI : 28.5 kg/m^2

Systemic Examination:

CVS: S1 S2 heard;
RS : NVBS +.
Abd : Soft.
CNS : NAD

Blood report:

Haemoglobin – 11.2g/dL – Low (Anemia).

WBC – Elevated.

Glucose Fasting (FBS) – 180.6mg/dL and Glucose Fasting (urine) – Trace, Glucose Postprandial (PPBS) – 207.3mg/dL and Urine Glucose – Positive (++) and HbA1C – 8.1% - Elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis - Glucose – Trace, Pus Cells – 2-4/hpf.

X-Ray Chest – Normal study.

ECG – Normal ECG.

Mammography of Both Breasts – ACR type "B' parenchyma; BIRADS – 0..

USG Whole Abdomen – Hepatomegaly with fatty changes.

Treadmill Test – Negative.

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MEDALL

Customer Name	MRS.AMUDHA MUGESH	Customer ID	MED111016885
Age & Gender	43Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

Impression & Advice:

Haemoglobin – 11.2g/dL – Low- Advised to have iron rich diet and iron supplement prescribed by the physician.

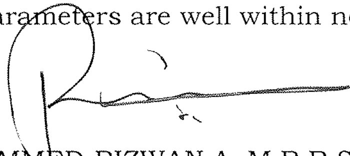
WBC – Elevated – To consult general physician.

Glucose Fasting (FBS) – 180.6mg/dL and Glucose Fasting (urine) – Trace, Glucose Postprandial (PPBS) – 207.3mg/dL and Urine Glucose – Positive (++) and HbA1C – 8.1% - Elevated - To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Urine analysis : Glucose – Trace, Pus Cells – 2-4/hpf - To consult general physician for further evaluation and management.

USG Whole Abdomen – Hepatomegaly with fatty changes - To consult a gastroenterologist for further evaluation and management.

All other health parameters are well within normal limits.



DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

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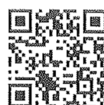

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MEDALL

Customer Name	MRS.AMUDHA MUGESH	Customer ID	MED111016885
Age & Gender	43Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty with fibroglandular densities (ACR Type "B" parenchyma).

Asymmetry of the 11/7 o 'clock position, middle portion on cc view of the right breast.

Focal segmental asymmetry in the upper inner quadrant of the right breast.

There is no evidence of micro-calcification in both breasts.

Both nipples are not retracted.

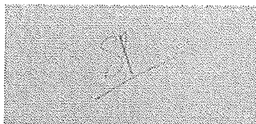
There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axilla is clear.

IMPRESSION :

- **ACR Type 'B' parenchyma.**
- **BIRADS -0.**
  - Correlate with USG Mammogram.
  - To review study after 2-3 years- NICE guidelines.



DR. SHARANYA.S MD,DNB
RADIOLOGIST

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MEDALL

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Age & Gender	43Y/FEMALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

Category – (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b – Intermediatc suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.

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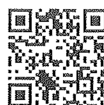

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GE MAC1200 ST PRECISION DIAGNOSTICS PVT LTD

HR 93 bpm

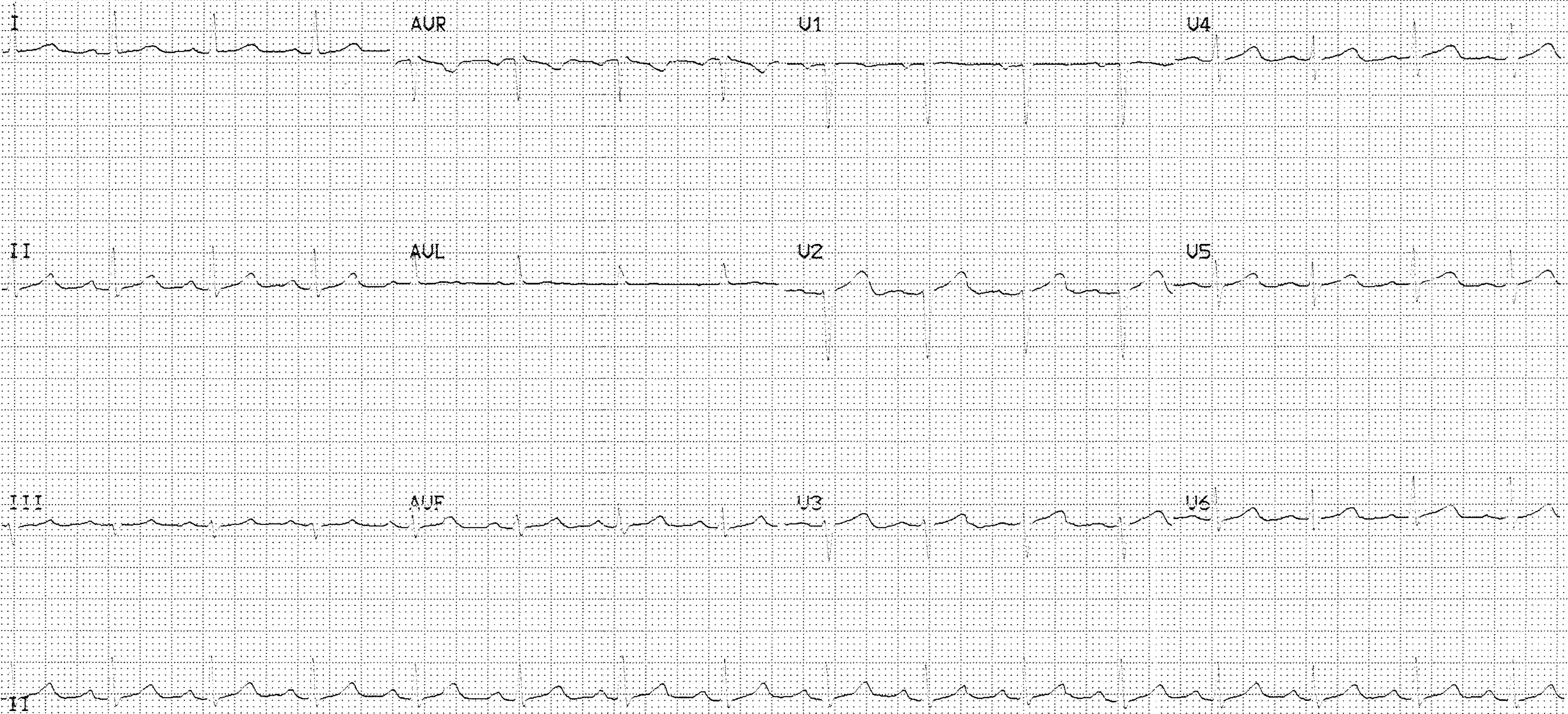
AGE:

Measurement Results:

QRS	:	86 ms
QT/QTcB	:	368 / 457 ms
PR	:	164 ms
P	:	104 ms
RR/PP	:	640 / 645 ms
P/QRS/T	:	54/ 15/ 52 degrees

Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Normal ECG

Unconfirmed report.



01 Jan 2001 00:22:01 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1_R Automatic V6.2 12i (1) 12SL@v231