

DEPARTMENT OF BIOCHEMISTRY

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Name : Mrs. RADHIKA JAMBUNATHAN . Age : 56Yr 4Mth 25Days Gender : Female
 UHID : CJPN.0000015280 / AHBHC120024 W/BNo/RefNo : AHC
 SIN \ LRN : 8629527 \ 8629522 \ 8629523 \ 3765168
 Specimen : Serum
 Ref Doctor : Dr. Jyoti Jain



Collected on : 25-MAR-2023 10:39:06 AM Received on : 25-MAR-2023 11:36:44 AM Reported on : 25-MAR-2023 12:34:16 PM


2022 MEDIWHEEL FULL BODY HEALTH CHECK UP FEMALE ABOVE 40 YEARS


<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLYCATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD (HPLC)			
GLYCATED HEMOGLOBIN (HbA1C) - WHOLE BLOOD	5.9	NON-DIABETICS: <5.7 PRE-DIABETIC: >=5.7 - <6.5 DIABETIC: >=6.5 THERAPEUTIC GOALS: <6 years : <8.5 (but >7.5) 6-12 years : <8 13-19 years: <7.5 ADULTS : <7.0 POOR CONTROL: >8.0	%
ALT(SGPT) - SERUM (UV WITHOUT P-5-P)	17		U/L
ALBUMIN - SERUM (BCG)			
GLOBULIN - SERUM - CALCULATED	3.1	Adult 2.0 - 4.0	g/dL
ALBUMIN:GLOBULIN (RATIO) - CALCULATED	1.4	0.8 - 2.0	
ALBUMIN - SERUM (BCG)	4.3	Healthy Adults: 20 TO 60 Years : 3.5 - 5.2 60 to 90 Years : 3.2 - 4.6 >90 Years : 2.9 - 4.5	g/dL

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ALKALINE PHOSPHATASE - SERUM (PNP AMP BUFFER)	90	Healthy adults : 30-120 >= 60 YEARS: MALES : 56-199 FEMALES : 53-141	U/L
AST (SGOT) - SERUM (UV WITHOUT P-5-P)	23	<= 35	U/L
BILIRUBIN, TOTAL - SERUM (SULPH ACID DPL/CAFF-BENZ)	0.54	0.30 - 1.20	mg/dL
CHLORIDE - SERUM (Indirect ISE)	108	Healthy Adults : 101-109	mmol/L
CHOLESTEROL - SERUM (CHOD/PAP)			
TOTAL CHOLESTEROL - SERUM	233 *	Desirable : <200 Borderline : 200 – 239 High Risk : >239	mg/dL
CREATININE - SERUM / PLASMA (JAFES)			
CREATININE - SERUM	1.11 *	Female: 0.6 -1.1	mg/dL
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM (GLUTAMYL-3-CO-4-NO-ANILIDE)	26	<= 38	U/L
GLUCOSE - SERUM / PLASMA (FASTING) (HEXO KINASE)			
GLUCOSE - PLASMA (FASTING)	102 *	Non-Diabetic :<= 100 Impaired Fasting Glucose:100-125 Diabetic :>= 126	mg/dL

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HDL CHOLESTEROL - SERUM / PLASMA

(DIRECT)
HDL CHOLESTEROL - SERUM 47 Low : <40 mg/dL
 High: >59

LDL CHOLESTEROL - SERUM (DIRECT LDL)

(DIRECT)
LDL CHOLESTEROL - SERUM 169 * Optimal : <100 mg/dL
 Near/Above Optimal: 100 – 129
 Borderline High: 130 – 159
 High: 160 – 189
 Very High: > 189

POTASSIUM - SERUM 4.7 Healthy Adults: 3.5 - 5.1 mmol/L

(Indirect ISE)

PROTEIN TOTAL - SERUM 7.4 ADULT: 6.0 - 8.5 g/dL

(BIURET)

SODIUM - SERUM 139 Healthy Adults: 136 - 146 mmol/L

(Indirect ISE)

TOTAL T4: THYROXINE - SERUM 9.3 5.93 - 13.29 µg/dL

(CLIA)

TRIGLYCERIDES - SERUM 154 * Normal: < 150 mg/dL

(LIP/GK COLORIMETRY)

Borderline High: 150 – 199

High: 200 – 499

TOTAL CHOLESTEROL/HDL CHOLESTEROL 5.0 Very High: > 499

RATIO(Calculated)

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UREA - SERUM / PLASMA

(Urease Kinetic)

UREA - SERUM 20 15 - 45 mg/dL

URIC ACID - SERUM 7.3 * Adult Female: 2.5 - 6.0 mg/dL

(URICASE/PEROX)

VLDL CHOLESTEROL - SERUM 31 Desirable: <30 mg/dl

(Calculated)

BILIRUBIN CONJUGATED (DIRECT) - SERUM

(DIAZOTIZED SULFANILIC ACID)

BILIRUBIN DIRECT - SERUM 0.08 Healthy Adults: < 0.2 mg/dL

BILIRUBIN INDIRECT - SERUM - CALCULATED 0.46 0.1 - 1.0 mg/dL

BICARBONATE (HCO3) - SERUM / PLASMA

(PEP CARBOXYLASE)

BICARBONATE (HCO3) - SERUM 28 Healthy Adults: 21 - 31

THYROID STIMULATING HORMONE [TSH] 3.08 0.34 - 5.6 µIU/mL

(CLIA)

TOTAL T3: TRI IODOTHYRONINE - SERUM 111.98 Adults: 87 - 178 ng/dL

(CLIA)

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

(HEXO KINASE)

GLUCOSE - PLASMA (POST PRANDIAL) 106 Non-Diabetic : <=140 mg/dL

Impaired Glucose

Tolerance : 140-199

Diabetic : >=200

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Specimen : Serum
Ref Doctor : Dr. Jyoti Jain



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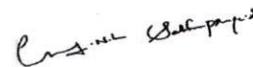
Report Status:Final

* - Abnormal Value

* END OF REPORT *

CHECKED BY 138762
723076

First Report Printed On : 28-MAR-2023 11:45:20 AM
Printed On : 24-APR-2023 06:19:44 PM


GOVINDARAJU N L Dr.SABHARI PRIYA S
Clinical Biochemist Registrar



MC-2847

DEPARTMENT OF CYTOLOGY

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Name : Mrs. RADHIKA JAMBUNATHAN . Age : 56Yr Gender : Female
UHID : CJPN.0000015280 / AHBHC120024 W/BNo/RefNo : AHC
Lab No : AHB.C2301159 LRN : 3765168
Ref Doctor : Dr. Jyoti Jain



Collected on : 25-MAR-2023 12:05:14 PM Received on : 25-MAR-2023 12:34:00 PM Reported on : 25-MAR-2023 01:40:40 PM

2022 MEDIWHEEL FULL BODY HEALTH CHECK UP FEMALE ABOVE 40 YEARS**PAP SMEAR (CONVENTIONAL METHOD)****PAP SMEAR**

Specimen Source.

CERVICAL SMEAR

C2301159.

Clinical Information.

Provided.

Patient and Specimen Identification :

Identified.

Test Method.

Conventional.

Endocervical/Transformation zone component

Sampled.

Specimen adequacy.

Satisfactory for evaluation.

Interpretation.

Negative for intraepithelial lesion/malignancy.



MC-2847

DEPARTMENT OF CYTOLOGY

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Lab No : AHB.C2301159 LRN : 3765168
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Recommendations.

Routine recall

***The results obtained relate only to the type of sample given/received at that time. A single test result is not always indicative of the disease. Histopathology specimens will be discarded after 1 month, paraffin blocks and slides of biopsy specimens stored upto 10 years & Cytology slides will be stored upto 5 years after release of report.**

* END OF REPORT *

Dr.Sabhari Priya Shanmugam

Typed By: 1133739

First Report Printed On : 24-APR-2023 06:20:21 PM

Printed On : 24-APR-2023 06:20:22 PM

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MC-2847

DEPARTMENT OF BLOOD BANK

Name : Mrs. RADHIKA JAMBUNATHAN . Age : 56Yr 4Mth 25Days Gender : Female
 UHID : CJPN.0000015280 / AHBHC120024 W/BN0/RefNo : AHC
 SIN \LRN : 8629528 \ 3765168
 Specimen : Blood
 Ref Doctor : Dr. Jyoti Jain



Collected on : 25-MAR-2023 10:39:06 AM Received on : 25-MAR-2023 11:04:59 AM Reported on : 25-MAR-2023 12:23:57 PM

2022 MEDIWHEEL FULL BODY HEALTH CHECK UP FEMALE ABOVE 40 YEARS

TEST NAME	RESULT
BLOOD GROUPING AND TYPING (ABO and Rh)	
Blood Group:	O
Rh (D) Type:	POSITIVE
Method:	COLUMN AGGLUTINATION
Report Status:Final	

* - Abnormal Value

* END OF REPORT *

CHECKED BY : 1089156
 138380



Printed On : 24-APR-2023 06:20:54 PM

Dr. GEETHA N GOUDAR
 CONSULTANT PATHOLOGIST
 KMC - 28706



MC-2847

DEPARTMENT OF HAEMATOLOGY

Name : Mrs. RADHIKA JAMBUNATHAN . Age : 56Yr 4Mth 25Days Gender : Female
 UHID : CJPN.0000015280 / AHBHC120024 W/BNo/RefNo : AHC
 SIN \LRN : 8629526 \ 3765168
 Specimen : Whole Blood (EDTA)
 Ref Doctor : Dr. Jyoti Jain



Collected on : 25-MAR-2023 10:39:06 AM Received on : 25-MAR-2023 11:42:18 AM Reported on : 25-MAR-2023 12:22:12 PM

2022 MEDIWHEEL FULL BODY HEALTH CHECK UP FEMALE ABOVE 40 YEARS

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HEMOGRAM : (Automation)			
Hemoglobin :Oxyhemoglobin method(Photometric measurement)	14.5	11.5 - 15.5	g/dL
RBC Count (Impedance)	4.9 *	3.7 - 4.8	x(10) ¹² /l
Packed cell volume (Calculated)	44	34 - 46	%
MCV (Derived from RBC histogram)	89	83 - 101	fl
MCH (Calculated)	30	27 - 32	pg
MCHC (Calculated)	33	31.5 - 34.5	g/dl
RDW (Calculated)	13.5	11.60 - 14.00	%
Platelet Count (Impedance)	245	150 - 450	x(10) ⁹ /l
WBC Count (Impedance)	7.68	4 - 11	x(10) ⁹ /l
Differential Count(Microscopy)			
Neutrophils	51	40 - 80	%
Lymphocytes	39	20 - 40	%
Monocytes	8	2 - 10	%
Eosinophils	2	1 - 6	%
Basophils	0	0 - 2	%
Red Cell Morphology			
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Teflon Capillary Photometry)	42 *	Adult Female- 0 - 20	mm/1st hr



MC-2847

DEPARTMENT OF HAEMATOLOGY

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Report Status:Final

* - Abnormal Value

* END OF REPORT *

CHECKED BY : 1141317
723442

Printed On : 24-APR-2023 06:21:33 PM

Dr. Manjula S J
Consultant

Page 2 of 2

DEPARTMENT OF RADIOLOGY

Patient's Details :	Mrs. RADHIKA JAMBUNATHAN .	F 056Y
UHID :	CJPN.0000015280	Ward/Bed No. : AHC / AHC
I.P.No./Bill No. :	AHBHC120024	Scanned on : 25-Mar-2023
Accession Number :	10601.223027328	14:19
Referring Doctor :	null	Reported On : 25-Mar-2023
		15:42:19

ULTRASOUND WHOLE ABDOMEN SCREENING

Clinical Information: - Routine health checkup.

Liver appears normal in size, shape and shows diffuse increase in echogenicity. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

Gallbladder is contracted (post prandial status).

Spleen appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

Pancreas: Head appears normal. Rest obscured by bowel gas.

Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No sonological evidence of calculi or hydronephrosis seen on either side.

Urinary bladder is partially distended.

Uterus: Post-menopausal status, atrophic. Endometrium indistinct.

Both ovaries: Not localized.

No evidence of ascites or pleural effusion seen.

=====

IMPRESSION:

Fatty liver.

- Suggested clinical correlation.

=====

(Enclosed report) Ak

DR. SHADAB ALAM
ASSOCIATE CONSULTANT

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

DEPARTMENT OF RADIOLOGY

Patient's Details :	Mrs. RADHIKA JAMBUNATHAN .	F	056Y
UHID :	CJPN.0000015280	Ward/Bed No. :	AHC / AHC
I.P.No./Bill No. :	AHBHC120024	Scanned on :	25-Mar-2023 12:43
Accession Number :	10601.1323003709	Reported On :	25-Mar-2023 16:50:30
Referring Doctor :	null		

BILATERAL MAMMOGRAPHY

PROCEDURE:

Both breasts were radiographed in craniocaudal and medio-lateral oblique views with compression. Markers are in the axillary / lateral portion of the breast.

Clinical Indication: - Screening.

OBSERVATIONS:

Breast parenchyma composition – Predominantly fatty (ACR Type – A).

Right breast: No focal mass lesion. No abnormal calcification. No architectural distortion seen. Skin and subcutaneous tissues are normal. Axillary tail appears normal.	Left breast: <i>Oval shaped density seen in the superior and central quadrant of left breast with micro and macro calcifications within the lesion – suggestive of calcified fibroadenoma.</i> No architectural distortion seen. Skin and subcutaneous tissues are normal. Axillary tail appears normal.
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IMPRESSION:

BIRADS ASSESSEMENT CATEGORY II: Benign Finding.

- *Suggested annual screening mammography.*

BI-RADS Assessment Categories

Category 0 Need Additional Imaging Evaluation
 Category 1 Negative
Category 2 Benign Finding
 Category 3 Probably Benign Finding – Short Interval Follow-Up Suggested (< 2 % malignancy)
 Category 4 Suspicious Abnormality – Biopsy Should Be Considered
 (Subcategory 4 A - > 2 % <= 10 %; 4 B > 10% <= 50 %; 4C >50 %< 95 %)
 Category 5 Highly Suggestive of Malignancy– Appropriate Action Should Be Taken. (<= 95 %)
 Category 6 Known case of Breast Malignancy.

BI-RADS Breast composition categories

A – Almost entirely fatty.
 B– Scattered fibro glandular tissue.
 C- Heterogenously dense - may obscure small masses.
 D – Extremely dense – lowers sensitivity of mammography.

Please bring your previous reports during your next visit for better evaluation.

Note: Though mammography is the single best method of screening breast cancer , it does not detect all breast cancers. The false negative rate of mammography is approximately 10%. It is important for you to do breast self - examination on a continuing basis. If a lump is felt, consult your doctor.

(Enclosed report) Ak

DR. SHANTHALA Y.

DMRD, DNB

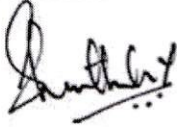
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AH-QF-RD-04

DEPARTMENT OF RADIOLOGY

Patient's Details :	Mrs. RADHIKA JAMBUNATHAN .	F	056Y
UHID :	CJPN.0000015280	Ward/Bed No. :	AHC / AHC
I.P.No./Bill No. :	AHBHC120024	Scanned on :	25-Mar-2023 12:43
Accession Number :	10601.1323003709	Reported On :	25-Mar-2023 16:50:30
Referring Doctor :	null		

CONSULTANT



DR. SHANTHALA.Y
DMRD, DNB
CONSULTANT

---END OF THE REPORT---

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AH-QF-RD-04

DEPARTMENT OF RADIOLOGY

Patient's Details :	Mrs. RADHIKA JAMBUNATHAN .	F	056Y
UHID :	CJPN.0000015280	Ward/Bed No. :	AHC / AHC
I.P.No./Bill No. :	AHBHC120024	Scanned on :	25-Mar-2023 12:16
Accession Number :	10601.123034999	Reported On :	25-Mar-2023 12:32:55
Referring Doctor :	null		

X-RAY CHEST PA VIEW

Clinical information – health check up

Lung fields appear clear bilaterally with normal bronchovascular markings.

Cardiac silhouette and cardiothoracic ratio appear normal.

Costophrenic angles appear normal on both sides.

Domes of the diaphragm appear normal.

Underlying bony and soft tissue shadows appear normal.

=====

IMPRESSION:

No definite abnormality noted on the chest radiograph.

- Suggested clinical and other investigation correlation.

Dr sam k george

Resident

---END OF THE REPORT---

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