

| | | | |
|---------------|-----------------------------|----------------------|------------------------|
| NAME : | Mrs. SUBHALAXMI SAHU | MR NO. : | 21110160 |
| AGE/SEX : | 38 Yrs / Female | VISIT NO. : | 171752 |
| REFERRED BY : | | DATE OF COLLECTION : | 25-03-2023 at 09:12 AM |
| REF CENTER : | MEDIWHEEL | DATE OF REPORT : | 25-03-2023 at 03:39 PM |



| TEST PARAMETER | RESULT | REFERENCE RANGE | SPECIMEN |
|----------------|--------|-----------------|----------|
|----------------|--------|-----------------|----------|

MEDIWHEEL HEALTH CHECKUP FEMALE

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

Automated Cell Counter

| | | |
|---|-------------------|-------------------------|
| HAEMOGLOBIN | 11.1 gm/dL | 12 - 16 gm/dL |
| <i>Colorimetric Method</i> | | |
| HEMATOCRIT (PCV) | 33.8 % | 36 - 47 % |
| <i>Calculated</i> | | |
| RED BLOOD CELL (RBC) COUNT | 4.4 million/cu.mm | 4 - 5.2 million/cu.mm |
| <i>Electrical Impedance</i> | | |
| PLATELET COUNT | 1.8 Lakhs/cumm | 1.5 - 4.5 Lakhs/cumm |
| <i>Electrical Impedance</i> | | |
| MEAN CELL VOLUME (MCV) | 78.1 fl | 80 - 100 fl |
| <i>Calculated</i> | | |
| Note : All normal and abnormal platelet counts are cross checked on peripheral smear. | | |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) | 25.6 pg | 26 - 34 pg |
| <i>Calculated</i> | | |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) | 32.8 % | 31 - 35 % |
| <i>Calculated</i> | | |
| TOTAL WBC COUNT (TC) | 8970.0 cells/cumm | 4000 - 11000 cells/cumm |
| <i>Electrical Impedance</i> | | |
| NEUTROPHILS | 74 % | 40 - 75 % |
| <i>VCS Technology/Microscopic</i> | | |
| LYMPHOCYTES | 17 % | 25 - 40 % |
| <i>VCS Technology/Microscopic</i> | | |
| DIFFERENTIAL COUNT | | |
| EOSINOPHILS | 01 % | 0 - 7 % |
| <i>VCS Technology/Microscopic</i> | | |
| MONOCYTES | 08 % | 1 - 8 % |
| <i>VCS Technology/Microscopic</i> | | |
| BASOPHILS | 00 % | |
| <i>Electrical Impedance</i> | | |
| ESR | 21 mm/hr | 0 - 20 mm/hr |
| <i>Westergren Method</i> | | |
| BLOOD GROUP & Rh TYPING | "A" Positive | |
| <i>Tube Agglutination (Forward and Reverse)</i> | | |

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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

5.7 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

Therapeutic goal for glycemic control :

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG)

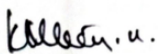
116.89 mg/dL

Calculation

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

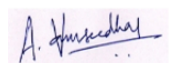


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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

Spectrometry

| | | |
|--|-------------|-----------------|
| TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i> | 0.31 mg/dL | 0.2 - 1.2 mg/dL |
| DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i> | 0.14 mg/dL | 0 - 0.4 mg/dL |
| INDIRECT BILIRUBIN <i>Calculation</i> | 0.17 mg/dl | 0.2 - 0.8 mg/dl |
| S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i> | 22 U/L | up to 31 U/L |
| S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i> | 18.4 U/L | up to 46 U/L |
| ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i> | 59 U/L | 36 - 113 U/L |
| SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i> | 19.3 U/L | 5 - 55 U/L |
| TOTAL PROTEIN <i>Biuret Colorimetric</i> | 5.37 g/dl | 6.2 - 8 g/dl |
| S.ALBUMIN <i>Bromocresol Green (BCG)</i> | 3.10 g/dl | 3.5 - 5.2 g/dl |
| S.GLOBULIN <i>Calculation</i> | 2.3 g/dl | 2.5 - 3.8 g/dl |
| A/G RATIO <i>Calculation</i> | 1.3 | 1 - 1.5 |
| POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i> | 203.6 mg/dl | 80 - 150 mg/dl |

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LIPID PROFILE TEST

Spectrometry

TOTAL CHOLESTEROL
Cholesterol Oxidase-Peroxidase (CHOD-POD)

195 mg/dL

up to 200 mg/dL
 Border Line: 200 – 240 mg/dL
 High: > 240 mg/dL

TRIGLYCERIDES
Glycerol Peroxidase-Peroxidase (GPO-POD)

176.5 mg/dL

up to 150 mg/dL
 Desirable: <150 mg/dL
 Border Line: 150 – 200 mg/dL
 High: >200 – 500 mg/dL
 Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT
PEG-Cholesterol Esterase

82.7 mg/dl

40 - 60 mg/dl
 >= 60mg/dL - Excellent (protects against heart disease)
 40-59 mg/dL - Higher the better
 <40 mg/dL - Lower than desired (major risk for heart disease)

LDL CHOLESTEROL - DIRECT
Cholesterol Esterase-Cholesterol Oxidase

77.0 mg/dL

up to 100 mg/dL
 100-129 mg/dL- Near optimal/above optimal
 130-159 mg/dL- Borderline High
 160-189 mg/dL- High
 190->190 mg/dL - Very High

VLDL CHOLESTEROL
Calculation

35.3 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO
Calculation

2.4

up to 3
 3.0-4.4 - Moderate
 >4.4 - High

LDL/HDL RATIO
Calculation

0.9

up to 2.5
 2.5-3.3 - Moderate
 >3.3 - High

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| BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i> | 15 mg/dL | 15 - 50 mg/dL | |
| CREATININE <i>Jaffe Kinetic</i> | 0.45 mg/dL | 0.4 - 1.4 mg/dL | |
| URIC ACID <i>Uricase-Peroxidase</i> | 3.3 mg/dL | 2.5 - 6 mg/dL | |
| SERUM ELECTROLYTES | | | |
| SODIUM <i>Ion Selective Electrode (ISE)</i> | 139 mmol/L | 136 - 145 mmol/L | |
| POTASSIUM <i>Ion Selective Electrode (ISE)</i> | 4.17 mmol/L | 3.5 - 5.2 mmol/L | |
| CHLORIDE <i>Ion Selective Electrode (ISE)</i> | 104 mmol/L | 97 - 111 mmol/L | |
| FASTING BLOOD SUGAR <i>Hexokinase</i> | 109 mg/dl | 70 - 110 mg/dl | |

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

Strips & Microscopy

PHYSICAL EXAMINATION

| | | |
|--|-----------------|---------------------|
| Colour <i>Visual Method</i> | Pale Yellow | Pale yellow- yellow |
| Appearance <i>Visual Method</i> | Slightly Turbid | Clear/Transparent |
| Specific Gravity <i>Strips Method</i> | 1.015 | 1.005-1.035 |
| pH | 6.0 | 4.6-8.5 |

CHEMICAL EXAMINATION (DIPSTICK)

| | | |
|---------------------------------------|----------|------------|
| Protein <i>Strips Method</i> | Nil | Nil -Trace |
| Glucose <i>Strips Method</i> | Nil | Nil |
| Blood <i>Strips Method</i> | Negative | Negative |
| Ketone Bodies <i>Strips Method</i> | Absent | Negative |
| Urobilinogen <i>Strips Method</i> | Normal | Normal |
| Bile Salt <i>Strips Method</i> | Negative | Negative |
| Bilirubin <i>Strips Method</i> | Negative | Negative |
| Bile Pigments | Negative | NIL |

MICROSCOPY

| | | |
|--|---------------|---------|
| Pus Cells (WBC) <i>Light Microscopic</i> | 12 - 15 /hpf | 0-5/hpf |
| Epithelial Cells <i>Light Microscopic</i> | 6 - 8 /hpf | 0-4/hpf |
| RBC <i>Light Microscopic</i> | Not Seen /hpf | 0-2/hpf |
| Cast <i>Light Microscopic</i> | NIL | NIL |
| Crystal <i>Light Microscopic</i> | NIL | Nil |

| | | |
|---------------------------|-----|-----|
| FASTING URINE SUGAR (FUS) | NIL | NIL |
|---------------------------|-----|-----|

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| TEST PARAMETER | RESULT | REFERENCE RANGE | SPECIMEN |
|--------------------------|--------|-----------------|----------|
| POSTPRANDIAL URINE SUGAR | 1 % | NIL | |

Dispatched by: KIRAN

**** End of Report ****

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| REFERRED BY | : | BILL NO | : 203663 |
| REF CENTER | : MEDIWHEEL | DATE OF REPORT | : 25-03-2023 at 08:53 PM |

MEDIWHEEL HEALTH CHECKUP FEMALE

RADIOLOGY

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (13.2 cm) and normal homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Contracted at the time of scan.

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 with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures ~ 11.0 x 1.3 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

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 ~ 11.8 x 1.1 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

| | | | |
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Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

UTERUS:

Gravid status with single live intrauterine gestation.

FHR-142 b/min

OVARIES:

Both ovaries are not visualised.

No evidence of free fluid in the abdomen or pelvis.


IMPRESSION:

- **Gravid status with single live intrauterine gestation.** (*suggested detailed obstetric scan*).
- **No significant sonographic abnormality detected.**

Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.



Diagnosics & Speciality Centre

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DATE OF REPORT : 25-03-2023 at 07:55 PM
REF CENTER : MEDIWHEEL 

TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN

MEDIWHEEL HEALTH CHECKUP FEMALE

IMMUNOASSAY

THYROID PROFILE

| | | |
|--|--------------|--|
| TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small> | 1.644 ng/mL | 0.87 - 1.78 ng/mL |
| TOTAL THYROXINE (T4) <small>CMIA</small> | 12.54 µg/dL | 6.09 - 12.23 µg/dL |
| THYROID STIMULATING HORMONE (TSH) <small>CMIA</small> | 3.320 µIU/mL | 0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18 |

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 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
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Dispatched by: KIRAN

**** End of Report ****

Printed by: Kiran kumar H P on 25-03-2023 at 07:55 PM



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MEDIWHEEL HEALTH CHECKUP FEMALE

RADIOLOGY

SONO MAMMOGRAPHY OF BILATERAL BREASTS

OBSERVATION:

RIGHT BREAST:

No evidence of any cystic changes in the breast parenchyma.

Breast shows normal fibro glandular pattern.

Retroareolar ducts appear normal.

No evidence of significant ductal dilation.

Adjacent skin & retro mammary areas are normal.

Subareolar region is normal.

No obvious solid focal lesion seen.

Nipple is normal.

Retro mammary space and subcutaneous planes are normal.

Right axilla appears normal, no e/o lymphadenopathy.

LEFT BREAST:

No evidence of any cystic changes in the breast parenchyma.

Breast shows normal fibro glandular pattern.

Retroareolar ducts appear normal.

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No evidence of significant ductal dilation.

Adjacent skin & retro mammary areas are normal.

Subareolar region is normal.

No obvious solid focal lesion seen.

Nipple is normal.

Retro mammary space and subcutaneous planes are normal.

Left axilla appears normal, no e/o lymphadenopathy.

IMPRESSION:

- **No significant abnormality in bilateral sonomammography.**
- **No significant bilateral axillary lymph nodes.**
- **Bilateral breast - BIRADS I.**

NOTE: BI – RADS SCORING KEY

- O – Needs additional evaluation;
- I – Negative
- II – Benign findings
- III – Probably benign
- IV – Suspicious abnormality – Biopsy to be considered
- V – Highly suggestive of malignancy,
- VI – Known biopsy proven malignancy

Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.

Diagnostics & Speciality Centre

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