

Name : Ms. RAMAMANI  
PID No. : MED111019444  
SID No. : 922016200  
Age / Sex : 54 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 14/03/2022 9:23 AM  
Collection On : 14/03/2022 9:36 AM  
Report On : 15/03/2022 7:36 AM  
Printed On : 08/04/2022 1:26 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	43.1	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	5.24	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	82.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	<b>26.4</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	56.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	33.7	%	20 - 45

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.4	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.2	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.7	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.8	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.30	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	291	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.274	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	10	mm/hr	< 30

A handwritten signature in black ink, appearing to read "Shamim Javed", written over a blue and pink circular graphic.

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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	183	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	81	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)	52	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	114.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	131.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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**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)	3.5		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)	1.6		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)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.2	%	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 131.24 mg/dL  
(Whole Blood)

**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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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.56	ng/mL	0.4 - 1.81
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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.

T4 (Thyroxine) - Total (Serum/CMIA)	11.14	µg/dL	4.2 - 12.0
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#### **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 Microparticle Immunoassay(CMIA))	2.62	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	15	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative



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Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	4-6	/hpf	3-5
Epithelial Cells (Urine)	2-3	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	15		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	93	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	88	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	11	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.7	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.

Uric Acid (Serum/Uricase/Peroxidase)	5.2	mg/dL	2.6 - 6.0
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Value


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Reference Interval

**IMMUNOHAEMATOLOGY**


BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Negative'



DR MANJUNATHA T.M  
Consultant Pathologist  
KMC Reg No: 112205

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-- End of Report --

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Age & Gender	54/FeMale	Visit Date	14-03-2022 00:00:00
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## 2D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.82	cms
LEFT ATRIUM	:	3.39	cms
AVS	:	1.31	cms
LEFT VENTRICLE (DIASTOLE)	:	4.41	cms
(SYSTOLE)	:	2.94	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	2.04	cms
POSTERIOR WALL (DIASTOLE)	:	1.06	cms
(SYSTOLE)	:	1.76	cms
EDV	:	88	ml
ESV	:	33	ml
FRACTIONAL SHORTENING	:	33	%
EJECTION FRACTION	:	62	%
EPSS	:		cms
RVID	:	1.63	cms

### DOPPLER MEASUREMENTS

MITRAL VALVE	: E' -1.25m/s A' -1.04 m/s	<b>TRIVIAL MR</b>
AORTIC VALVE	:1.37 m/s	<b>NO AR</b>

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TRICUSPID VALVE : **PASP : 22 mmHg** **TRIVIAL TR**  
PULMONARY VALVE :0.84 m/s **NO PR**

:2:

**2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal,Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

**IMPRESSION :**

- **TRIVIAL MITRAL REGURGITATION**
- **TRIVIAL TRICUSPID REGURGITATION. PASP 22 mmHg**
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 62 %**

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- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**(KINDLY CORRELATE CLINICALLY AND WITH ECG)**

**CARDIOLOGIST**  
**Ls/ml**

**MD,DM,FICC.**

**DR.SRIDHAR.L**  
**CONSULTANT**

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Age & Gender	54/FeMale	Visit Date	14-03-2022 00:00:00
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.  
Gall bladder wall is of normal thickness.  
CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.6	1.6
Left Kidney	9.5	1.6

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

**UTERUS** is retroflexed and has normal size.  
It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness - 5.0mms.  
Uterus measures as follows:  
LS: 6.1cms      AP: 2.6cms      TS: 3.5cms.

..2

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:2:

**OVARIES** appear atrophic.

POD is free.

No evidence of ascites.

**Impression: No sonological abnormality detected.**

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND  
KRISHNA. A.

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA

DR. HIMA BINDU.P  
Ms/so



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**X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.**

**BILATERAL MAMMOGRAPHY**

Breast composition category III -The breasts are heterogeneously dense fibroglandular tissue, which may obscure small masses

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

**BILATERAL SONOMAMMOGRAPHY**

Focal area of fibrocystic disease measuring 4.9 x 3.9mm is seen at 9 o' clock position of right breast.

Solid cystic lesion measuring 5.7 x 5.3mm is seen at outer half of right breast. This lesion is seen 3.7cms from the nipple.

No evidence of focal solid areas.

No evidence of ductal dilatation.

Benign appearing right axillary lymphnode is seen measuring 8 x 4mm

**Impression:**

- ***Focal area of fibrocystic disease in right breast.***
- ***Solid cystic lesion in right breast at 9 o' clock position - ? cyst with degeneration.***

***Sugg: FNAC.***

**ASSESSMENT: BI-RADS CATEGORY -3**

**BI-RADS CLASSIFICATION**

**CATEGORY    RESULT**

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3                      Probably benign finding. Short interval follow-up suggested.  
CONSULTANT RADIOLOGISTS:

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KRISHNA. A.

DR. HIMA BINDU.P  
Ps/d

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**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiomegaly is seen

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***Impression: Cardiomegaly.***

***Sugg: Clinical correlation.***

DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S



CONSULTANT RADIOLOGISTS