

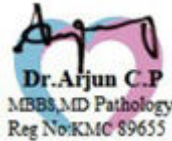
Name : Mrs. DEEPA M K
PID No. : MED121503926 Register On : 26/11/2022 8:28 AM
SID No. : 522229090 Collection On : 26/11/2022 12:09 PM
Age / Sex : 41 Year(s) / Female Report On : 26/11/2022 4:56 PM
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HAEMATOLOGY

Complete Blood Count With - ESR

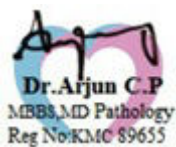
Haemoglobin (EDTA Blood/Spectrophotometry)	11.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	36.2	%	37 - 47
RBC Count (EDTA Blood)	3.84	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	94.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.0	g/dL	32 - 36
RDW-CV	14.4	%	11.5 - 16.0
RDW-SD	47.53	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5700	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	58.0	%	40 - 75
Lymphocytes (Blood)	32.8	%	20 - 45
Eosinophils (Blood)	3.2	%	01 - 06
Monocytes (Blood)	5.2	%	01 - 10



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Basophils (Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.31	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.87	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.18	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.30	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	338	10 ³ / µl	150 - 450
MPV (Blood)	8.0	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	16	mm/hr	< 20



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	11.60	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	11.01	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.50	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	68.0	U/L	42 - 98
Total Protein (Serum/Biuret)	6.50	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.47	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.03	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.20		1.1 - 2.2


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	161.04	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	112.24	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)	43.24	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	95.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	117.8	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)	3.7		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)	2.6		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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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.4	%	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 136.98 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 glycaemic 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/ECLIA)	1.26	ng/ml	0.7 - 2.04
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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 (Tyroxine) - Total (Serum/ECLIA)	11.97	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/ECLIA)	2.01	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&lt;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 (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.013		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative


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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/hpf	NIL
RBCs (Urine)	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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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'A' Positive'
(EDTA Blood/Agglutination)

INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	12.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	101.30	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/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	118.50	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.65	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.28	mg/dL	2.6 - 6.0
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Dr Anusha.K.S
 Sr.Consultant Pathologist
 Reg No : 100674

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-- End of Report --

Patient Name	Deepa . M . K	Date	26/11/22
Age	41 yrs	Visit Number	522229090
Sex	Female	Corporate	Medi wheel

MEDICAL EXAMINATION REPORT

Height : 162 cms

Weight : 73.6 cms

BMI : 28

- Healthy BMI range: 18.5 kg/m² - 25 kg/m²
- Healthy weight for the height: 58.0 kgs - 78.3 kgs
- Lose 8.4 kgs to reach a BMI of 25 kg/m².
- Ponderal Index: 15.6 kg/m³

Blood Pressure : 104/69 mm of Hg

Pulse : 73 per mt

Chest - Exhale : 88 cms

Inhale : 94 cms

Abdomen : 84 cms

Eyes : Normal

Ears : Normal

Throat : Normal

Neck Nodes : Not palpable

CVS : S1S2T

PA : NAD

RS : NVDS

CNS : NAD

Smoker / Alcoholic : NO

Weight loss / cough : NO

H/O Piles / Fever : NO

Any surgery : LSCS

Medication for DM / HT/ Heart disease : NO

(Signature) SHANKAR K.R.S
Bsc. MBBS.,
KMC No: 15130



41 Years

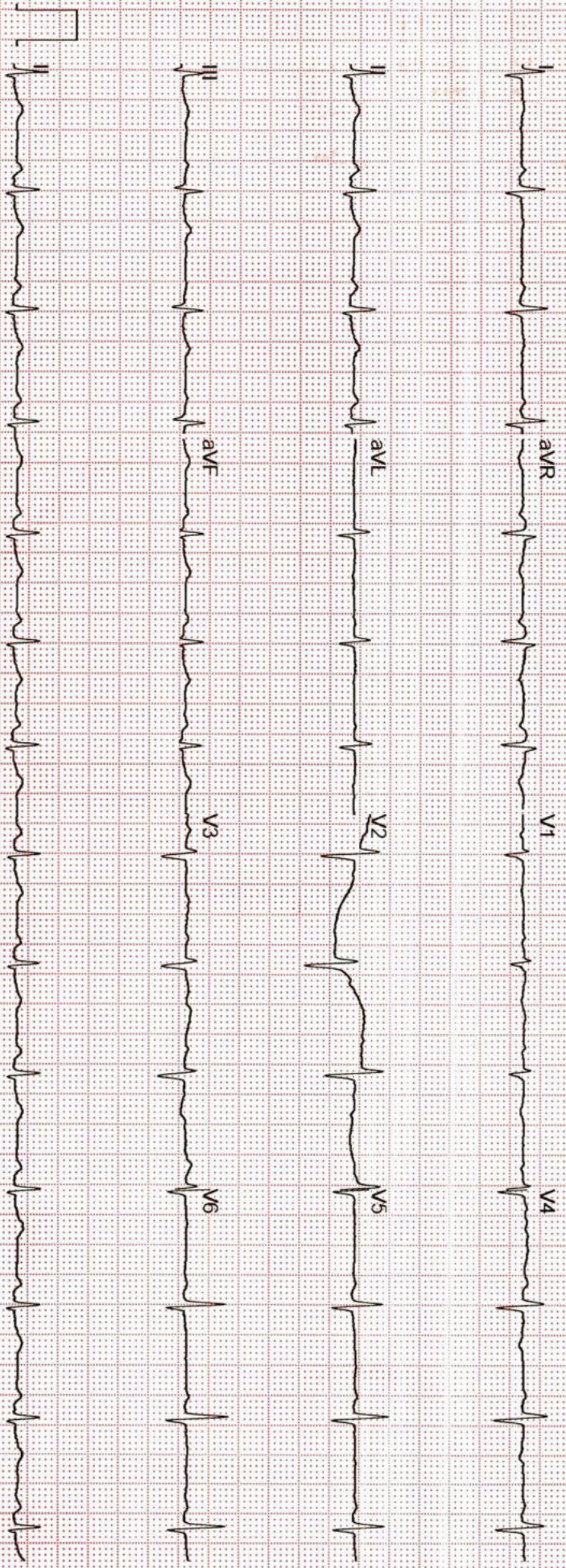
Female

QRS 78 ms
QT/QTcBaz 378 / 435 ms
PR 152 ms
P 92 ms
RR/PP 746 / 750 ms
P/QRS/T 51 / 65 / 68 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

SL
MP

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Unconfirmed

Name	MRS.DEEPA M K	ID	MED121503926
Age & Gender	41Y/FEMALE	Visit Date	26 Nov 2022
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.3cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is contracted.

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 (10.4cms) and echopattern.

No demonstrable Para-aortic lymphadenopathy.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.9	1.2
Left Kidney	11.0	1.6

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

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 7mm.

Uterus measures LS: 9.5cms AP: 3.8cms TS: 5.4cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 2.7 x 2.0cms Left ovary measures 2.7 x 1.9cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- ***No significant abnormality detected.***

Name	MRS.DEEPA M K	ID	MED121503926
Age & Gender	41Y/FEMALE	Visit Date	26 Nov 2022
Ref Doctor Name	MediWheel		

DR. S K SOMU ELANGO VAN
CONSULTANT RADIOLOGIST
SKS/an

Name	MRS.DEEPA M K	ID	MED121503926
Age & Gender	41Y/FEMALE	Visit Date	26 Nov 2022
Ref Doctor Name	MediWheel		

ECHO CARDIOGRAPHIC STUDY

M-Mode				
AORTA		29		mm
LEFT ARTIUM		29		mm
RIGHT VENTRICLE		24		mm
LEFT VENTRICLE (Diastole)		44		mm
LEFT VENTRICLE (Systole)		29		mm
VENTRICULAR SEPTUM (Diastole)		07		mm
POSTERIOR WALL (Diastole)		07		mm
END DIASTOLIC VOLUME		86		ml
END SYSTOLIC VOLUME		31		ml
STROKE VOLUME		55		ml
FRACTIONAL SHORTENING		34		%
EJECTION FRACTION		64		%
DOPPLER / COLOUR FLOW				
MITRAL VALVE	E- 0.8	A -0.6	m/se c	NO MR
AORTIC VALVE	1.0	-	m/se c	NO AR
TRICUSPID VALVE	-	-	m/se c	NO TR
PULMONARY VALVE	0.8	-	m/se c	NO PR

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FINDINGS

LEFT VENTRICLE	SIZE	NORMAL
	THICKNESS	NORMAL
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	ABSENT
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	NORMAL	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	INTACT	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	

CONCLUSION:

- **NORMAL CHAMBER DIMENSIONS.**
- **NORMAL VALVES**
- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION.LVEF- 64 %**
- **NO CLOTS / VEGETATION / PE.**

DR NAGESH M B
CONSULTANT
CARDIOLOGIST

(PLEASE CORRELATE WITH ECG & CLINICAL FINDINGS)

Customer Name	MR PADMA PRASAD	Customer ID	MED12119577 5
Age & Gender	Y/MALE	Visit Date	30/07/2022
Ref Doctor	DR. SANJAY H. R		

Name	MRS.DEEPA M K	ID	MED121503926
Age & Gender	41Y/FEMALE	Visit Date	26 Nov 2022
Ref Doctor Name	MediWheel		

Name	DEEPA M K	Customer ID	MED121503926
Age & Gender	41Y/F	Visit Date	Nov 26 2022 8:28AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.
Vascular markings are normal.
Tracheal air lucency is normal.
No evidence of abnormal hilar opacities.
Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.
Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**



Dr. Anitha Adarsh
Consultant Radiologist