

Name : Ms. PUTTAMMA  
PID No. : MED111166432  
SID No. : 922034568  
Age / Sex : 48 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 17/06/2022 8:21 AM  
Collection On : 17/06/2022 8:40 AM  
Report On : 17/06/2022 5:10 PM  
Printed On : 20/06/2022 7:09 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)	13.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.6	%	37 - 47
RBC Count (EDTA Blood)	5.09	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	<b>77.9</b>	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	<b>26.1</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	<b>36.26</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	47.7	%	40 - 75
Lymphocytes (EDTA Blood)	<b>45.5</b>	%	20 - 45
Eosinophils (EDTA Blood)	1.3	%	01 - 06
Monocytes (EDTA Blood)	5.0	%	01 - 10

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

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Basophils (EDTA Blood)	0.5	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.86	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.73	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.08	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.30	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	269	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	8.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	17	mm/hr	< 20

  
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## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.28	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.14	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.60	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	29.62	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>38.21</b>	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	92.4	U/L	42 - 98
Total Protein (Serum/Biuret)	7.77	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.97	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.78		1.1 - 2.2

  
Dr.ROHINI KUMAR Ph.D,  
Consultant Microbiologist

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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	184.81	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>173.11</b>	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)	<b>43.15</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	107.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	34.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	141.7	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.

  
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Consultant Microbiologist

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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		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)	4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		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)	10.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose 248.91 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)	1.39	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)	9.21	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)	4.17	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.

Dr. Arjun C.P  
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Reg No:KMC 89655

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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION (URINE COMPLETE)


Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.030		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
Glucose (Urine/GOD - POD)	+		Negative

  
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Leukocytes(CP) (Urine)	Negative		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.			
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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<b><u>PHYSICAL EXAMINATION(STOOL COMPLETE)</u></b>			
Mucus (Stool)	Absent		Absent
Consistency (Stool)	<b>Semi Solid</b>		Semi Solid to Solid
Colour (Stool)	<b>Brownish</b>		Brown
Blood (Stool)	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION(STOOL COMPLETE)</u></b>			
Ova (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	<b>0-2</b>	/hpf	NIL
Others (Stool)	NIL		
<b><u>CHEMICAL EXAMINATION(STOOL ROUTINE)</u></b>			
Reaction (Stool)	Alkaline		Alkaline

  
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**Investigation**

**Observed  
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**Unit**

**Biological  
Reference Interval**

Reducing Substances  
(Stool/Benedict's)

Negative

Negative



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**BIOCHEMISTRY**

BUN / Creatinine Ratio	21.92		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	<b>222.13</b>	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	<b>287.54</b>	mg/dL	70 - 140
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**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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	<b>0.52</b>	mg/dL	0.6 - 1.1
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**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)	4.83	mg/dL	2.6 - 6.0
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Positive'

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

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MD PATHOLOGY  
KMC 88902

APPROVED BY

-- End of Report --

Name	MS.PUTTAMMA	ID	MED111166432
Age & Gender	48Y/FEMALE	Visit Date	17/06/2022
Ref Doctor	MediWheel		

### 2D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.78	cms
LEFT ATRIUM	:	2.90	cms
AVS	:	1.63	cms
LEFT VENTRICLE (DIASTOLE)	:	4.12	cms
(SYSTOLE)	:	2.69	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.06	cms
(SYSTOLE)	:	1.76	cms
POSTERIOR WALL (DIASTOLE)	:	0.98	cms
(SYSTOLE)	:	2.20	cms
EDV	:	75	ml
ESV	:	26	ml
FRACTIONAL SHORTENING	:	34	%
EJECTION FRACTION	:	64	%
EPSS	:		cms
RVID	:	1.96	cms

#### DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.76m/s 'A' -0.63m/s	NO MR
AORTIC VALVE	:1.70 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR

QRS :  
QT / QTc Baz :  
PR :  
P :  
RR / PP :  
P / QRS / T :

78 ms  
374 / 412 ms  
154 ms  
100 ms  
818 / 821 ms  
68 / 43 / 20 degrees



K. Siva  
MK

h + 40°

Technician: koms  
Ordering Ph: MEDIWHEEL  
Referring Ph:  
Attending Ph:

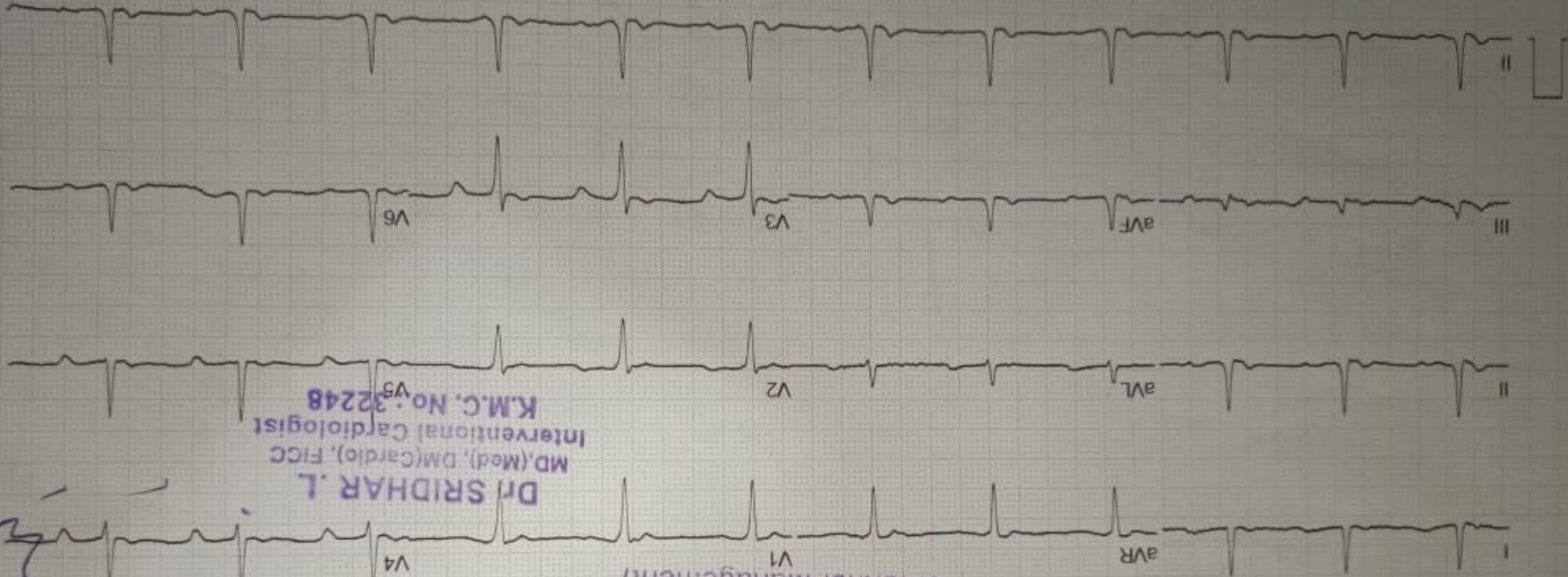
None at BNF

V-6

Anger related disturbance

Needs Clinical Correlation  
for further Management

Dr SRIDHAR L.  
MD (Med), DM (Cardio), FICCI  
Interventional Cardiologist  
K.M.C. No. 32248  
V5



GE MAC2000 1.1  
12SL™ V241  
25 mm/s 10 mm/mV  
ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1  
Unconfirmed

Name	MS.PUTTAMMA	ID	MED111166432
Age & Gender	48Y/FEMALE	Visit Date	17/06/2022
Ref Doctor	MediWheel		

: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 :**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF : 64 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.  
CONSULTANT CARDIOLOGIST  
Ls/ml



## MEDALL CLUMAX DIAGNOSTICS

Customer Name	Puttamma	Customer ID	111166432
Age & Gender	48yrs / Female	Visit Date	17/6/22

### Eye Screening

With spectacles /  without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NR	NR
Distance Vision	6/8	6/8
Colour Vision	Normal	Normal

Observation / Comments: Normal.

Klolo. Dm. on medication. Blue legs

**CLUMAX DIAGNOSTICS &  
RESEARCH CENTRE PVT.LTD**  
# 68/150/3 "Sri Lakshmi Towers"  
9th Main, 3rd Block, Jayanagar  
BANGALORE - 560 011



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಪುಟ್ಟಮ್ಮ  
Puttamma

ಜನ ದಿನಾಂಕ/DOB: 10/05/1974

ಪ್ರಕೃತಿ/FEMALE



4422 5878 4084

VID : 9154 4677 5980 9772

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Name : Ms. PUTTAMMA

Register On : 17/06/2022 8:21 AM

PID No. : MED111166432

Collection On : 17/06/2022 8:40 AM

SID No. : 922034568

Report On : 17/06/2022 5:10 PM

Age / Sex : 48 Year(s) / Female

Printed On : 20/06/2022 7:10 PM

Ref. Dr : MediWheel

OP / IP : OP



**PAP Smear by LBC( Liquid based Cytology )**

Nature of Specimen: Cervical smear

Lab No: GC 852/22

Specimen type : Liquid based preparation


Specimen adequacy : Satisfactory for evaluation


Endocervical / Transformation zone cells : Absent

General categorization : Within normal limits

DESCRIPTION : Smear show superficial squamous cells, intermediate cells in a background of sparse inflammatory cells.

INTERPRETATION : Negative for intraepithelial lesion or malignancy

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

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

Name	MS.PUTTAMMA	ID	MED111166432
Age & Gender	48Y/FEMALE	Visit Date	17/06/2022
Ref Doctor	MediWheel		

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

### BILATERAL MAMMOGRAPHY

Breast composition category II - There are scattered areas of fibroglandular density

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Multiple bilateral axillary lymphnodes are seen.

Subcutaneous fat deposition is within normal limits.

### BILATERAL SONOMAMMOGRAPHY

Few cysts are noted in right breast, largest measuring 3 x 2mm at 1 o'clock position.

Left breast shows normal echopattern.

No evidence of focal solid areas.

No evidence of ductal dilatation.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 6 x 5 mm (right) and 6 x 3 mm (left).

**Impression: Benign appearing cysts in right breast.**

**ASSESSMENT: BI-RADS CATEGORY -2**

### BI-RADS CLASSIFICATION

#### CATEGORY RESULT

2 Benign finding. Routine mammogram in 1 year recommended.

#### **CONSULTANT RADIOLOGISTS:**

**DR. H. K. ANAND**  
Hbp/so

**DR. MAHESH. M. S**

**DR. HIMA BINDU.P**




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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has increased 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	9.8	2.0
Left Kidney	9.7	1.9

**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 – 6.0mms.  
Uterus measures as follows:  
LS: 7.0cms      AP: 2.7cms      TS: 4.1cms.

..2



Name	PUTTAMMA	Customer ID	MED111166432
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**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**



DR. MAHESH M S  
CONSULTANT RADIOLOGIST

