

Name : Mrs. UMA G
PID No. : MED111034416
SID No. : 222006093
Age / Sex : 56 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 26/03/2022 10:27 AM
Collection On : 26/03/2022 11:03 AM
Report On : 26/03/2022 7:45 PM
Printed On : 28/03/2022 10:12 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	37.2	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.39	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	84.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.7	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.0	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6720	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	62.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	24.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	7.2	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 10


DR. FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685

VERIFIED BY


Dr. E. Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.20	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.62	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.48	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.40	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	325	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.283	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	12	mm/hr	< 30


DR. FAYIQA H MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO: 116685

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Consultant Pathologist
Reg No : 73347

APPROVED BY

-- End of Report --

Name	UMA G	ID	MED111034416
Age & Gender	56/FeMale	Visit Date	26-03-2022 00:00:00
Ref Doctor Name	MediWheel		



SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.0 x 4.2 cm.

The left kidney measures 10.1 x 5.3 cm.

Few concretions seen in the left kidney, largest measures 2-3mm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

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The uterus is anteverted, and measures 6.4 x 3.8cm.

A fibroid measuring 1.5 x 1.4cm is seen in the anterior wall of uterus.

Myometrial echoes are homogeneous. The endometrial thickness is 3.8mm.

Both ovaries are atrophic.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Fibroid in the anterior wall of uterus.
- Left renal concretions.

DR. UMALAKSHMI
SONOLOGIST

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DEPARTMENT OF CARDIOLOGY
TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:

ACOUSTIC WINDOW : GOOD

LV STUDY

IVS(d)	cm	0.5
IVS(s)	cm	1.1
LPW(d)	cm	0.8
LPW(s)	cm	1.2
LVID(d)	cm	5.1
LVID(s)	cm	3.4
EDV	ml	133
ESV	ml	40
SV	ml	92
EF	%	69
FS	%	32
Parameters		Patient Value
LA	cm	2.6
AO	cm	2.5

DOPPLER PARAMETERS

Valves	Velocity max(m/sec mm/Hg)
AV	0.6/2 m/s
PV	0.8/3 m/s
MV (E)	0.3 m/s
(A)	0.5 m/s
TV(E)	1.0/2 m/s

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FINDINGS:

- ❖ No regional wall motion abnormality.
- ❖ Normal left ventricle systolic function. (EF: 69%).
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Normal valves.
- ❖ Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITY.
NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.

A handwritten signature in blue ink that reads "S. Vignesh".

S. VIGNESH M.Sc.
ECHO TECHNICIAN

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MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty with few fibroglandular densities (ACR Type "B" parenchyma).

Segmental asymmetry of the right upper quadrant noted.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axilla appear normal.

IMPRESSION :

ACR Type B' parenchyma.

BIRADS -0.

--- Correlate with USG Mammogram.

--- Review study after 2- 3 years- NICE guidelines.

DR. SHARANYA.S MD,DNB
RADIOLOGIST

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Category - (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b - Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.

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X- RAY CHEST PA VIEW

Aortic knuckle calcification is seen - Atheromatous aorta.

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

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Personal Health Report

General Examination:

Height : 154 cms
Weight : 67.7 kg
BMI : 28.5 kg/m²

BP: 160/100 mmhg
Pulse: 88/min, regular

Systemic Examination:

CVS: S1 S2 heard;
RS : NVBS +.
Abd : Soft.
CNS : NAD

Blood report:

Glucose Fasting (FBS) - 103.4mg.dL, Postprandial (PPBS) - 156.2mg/dL and HbA1C - 6.3% - Elevated.

Urine Glucose - Trace.

Eosinophils - 7.2% - Elevated.

T3 - 1.92ng/ml - Elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis : Pus cells - 2-4/hpf and Epithelial cells - 4-6/hpf - Elevated.

X-Ray Chest - Normal study.

ECG - Normal ECG.

ECHO Cardiography - Normal study.

X-Ray mammography - Normal study.

USG Whole Abdomen - Fatty liver, fibroid in the anterior wall of uterus, Left renal concretions.

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Eye Test - Normal study.

Vision	Right eye	Left eye
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

Glucose Fasting (FBS) - 103.4mg.dL, Postprandial (PPBS) - 156.2mg/dL and HbA1C - 6.3% - Elevated.

Urine Glucose - Trace. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Eosinophils - 7.2% - Elevated. To consult a physician for medication to reduce eosinophil count.

T3 - 1.92ng/ml - Elevated. To consult a endocrinologists for further evaluation.

Urine analysis : Pus cells - 2-4/hpf and Epithelial cells - 4-6/hpf - Elevated. To consult general physician for further evaluation and management.

USG Whole Abdomen - Fatty liver. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

USG Whole Abdomen - Fibroid in the anterior wall of uterus, Left renal concretions. To consult a gynaecologist and nephrologist.

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

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