

Name : Ms. PALAPARTHI
ANNAPURNA DEVI
PID No. : MED121762230
SID No. : 123004902
Age / Sex : 55 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 25/03/2023 8:00 AM
Collection On : 25/03/2023 9:40 AM
Report On : 25/03/2023 6:06 PM
Printed On : 25/03/2023 8:56 PM

Investigation


BLOOD GROUPING AND Rh
TYPING

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
Haemoglobin (EDTA Blood/Spectrophotometry)	12.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.8	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.34	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)	28.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	44.22	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	49.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	40.8	%	20 - 45


Dr. Manjula Ramesh
Consultant Biochemist

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DR. SUNDAR ELAYAPERUMAL MD, CIC
CONSULTANT MICROBIOLOGIST
REG NO. 41854

APPROVED BY

The results pertain to sample tested.

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	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	1.5	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	7.8	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.4	%	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)	3.02	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.49	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.09	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.48	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.02	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	260	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.4	fL	8.0 - 13.3
PCT (EDTA Blood Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	47	mm/hr	< 30



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	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	11.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	96.9	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	119.1	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	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.7	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.81	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.3	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.38	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.27	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	12.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	24.8	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	81.6	U/L	53 - 141
Total Protein (Serum/Biuret)	7.32	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.27	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.40		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	178.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	83.2	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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Observed Value Unit


Biological Reference Interval

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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immunoinhibition)	45.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	115.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	132.2	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.9		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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	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.8		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

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose
(Whole Blood) 134.11 mg/dL

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.


THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.02	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.



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Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.70	µg/dl	4.2 - 12.0

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 Immunometric Assay (CLIA))	3.76	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.


Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional /hpf	NIL


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Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	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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-- End of Report --

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Age & Gender	55Y/FEMALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size (14.5 cm) and shows homogenously increased parenchymal echoes with no focal abnormality.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 9.2 x 3.9 cm.

Left kidney measures 11.1 x 5.0 cm.

Ureters are not dilated.

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

No para aortic lymphadenopathy is seen.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Uterus is bulky, anteverted and measures 9.7 x 6.3 x 3.7 cm.

Endometrium appears thickened and measures 7 mm.

Right ovary measures 2.4 x 1.9 cm.

Left ovary measures 2.6 x 1.2 cm.

No significant mass or cyst is seen in the ovaries.

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Parametria are free.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

IMPRESSION:

- **Fatty liver.**
- **Bulky uterus with thickened endometrium.**

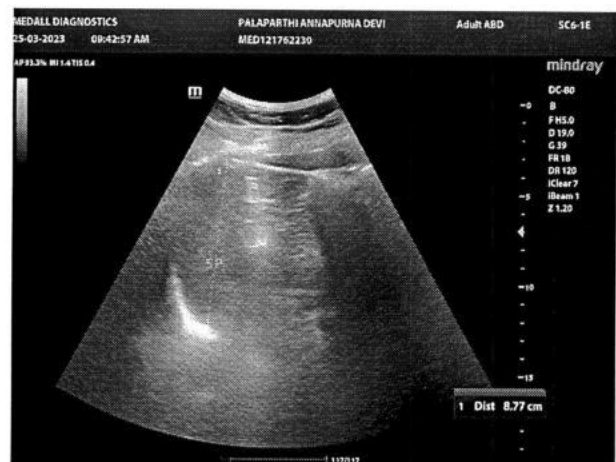
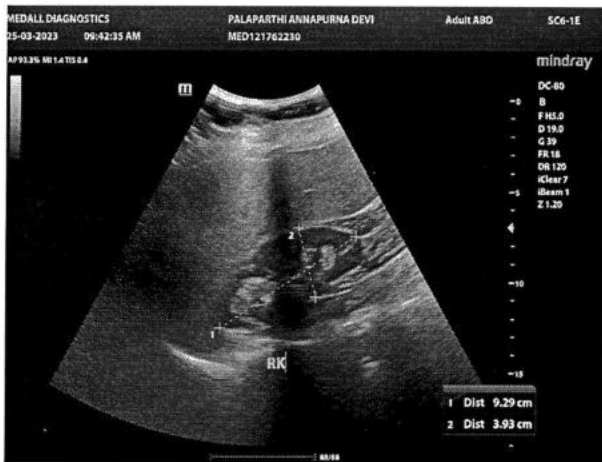
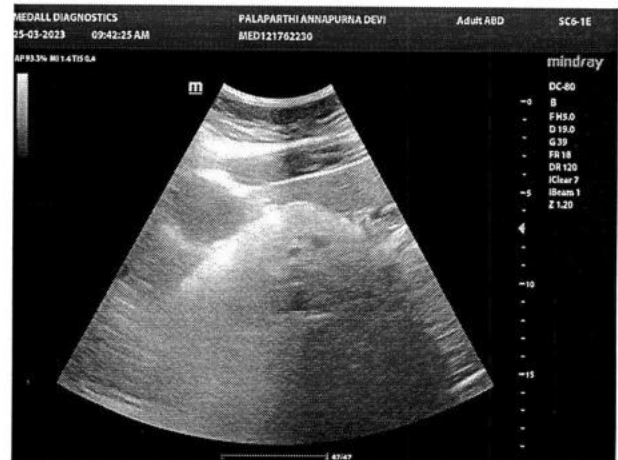
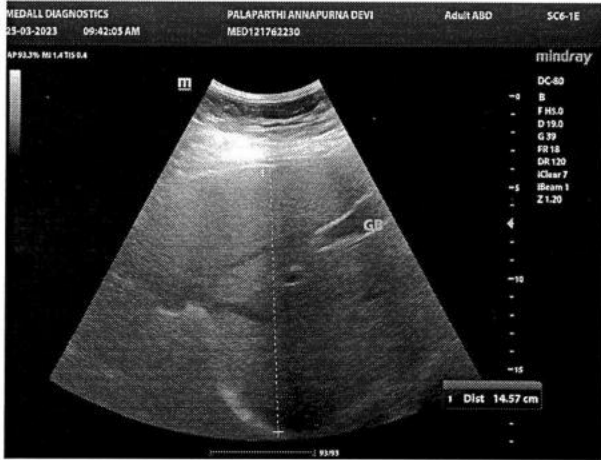
Suggested Pap's smear for further evaluation.



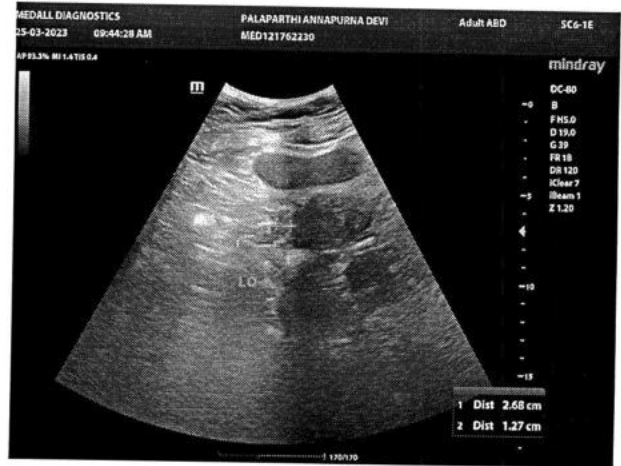
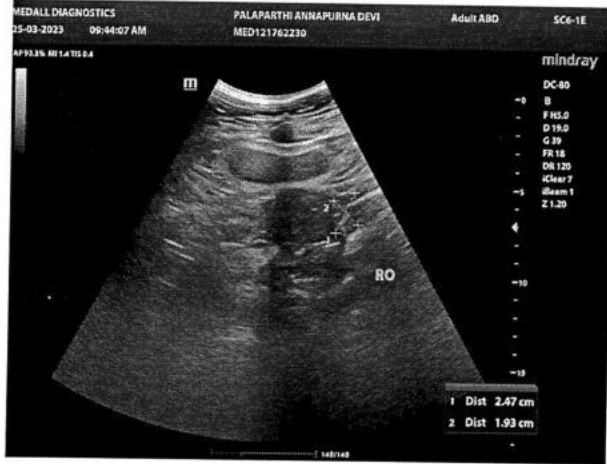
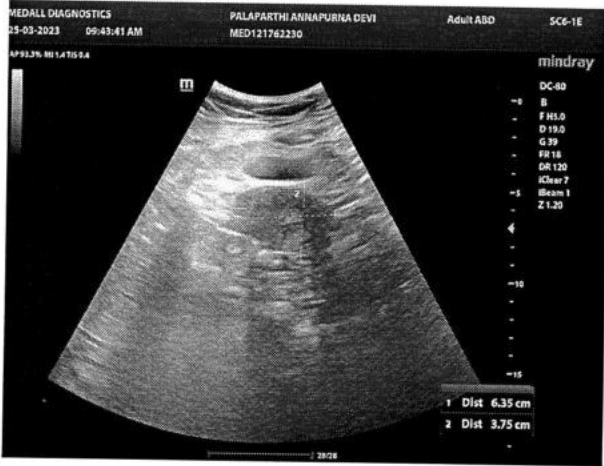
Dr. SUMITHA
SONOLOGIST



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ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal LV / RV size and systolic function (EF: 69%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 69%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 3.2cm(1.5cm/3.5cm)		IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 3.4cm(1.5cm/3.5cm)		LVPW(ed) - 1.0 cm	(0.6cm/1.1cm)
RVID(ed)- 1.0 cm(0.9cm/2.8cm)		EF 69 %	(62 %-85 %)
LVID (ed)- 4.8cm(2.6cm/5.5cm)		FS 35 %	
LVID (es)- 3.6cm			

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MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

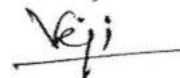
PERICARDIUM:

- Normal.

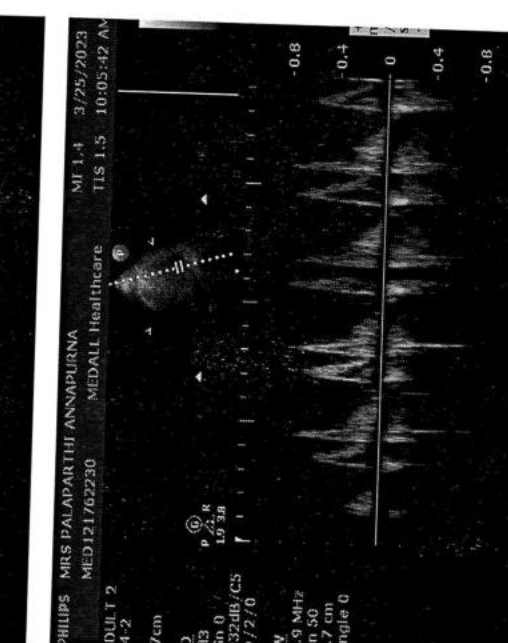
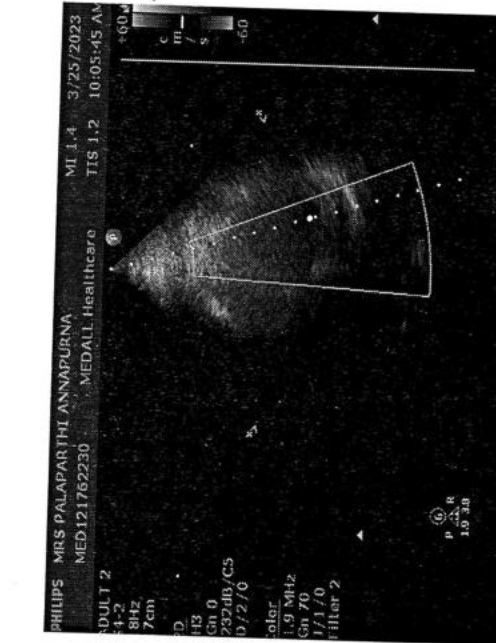
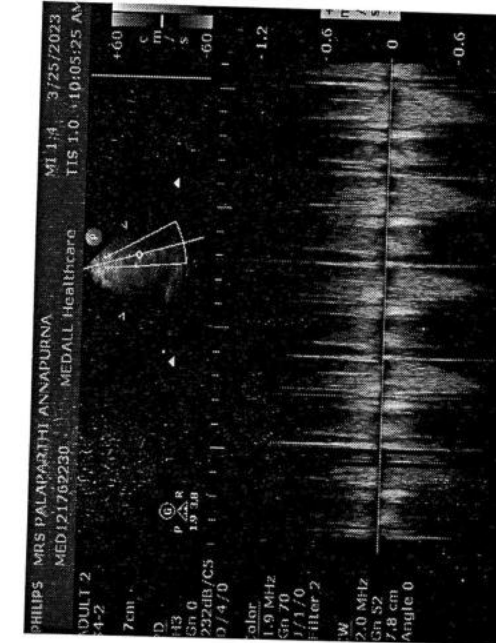
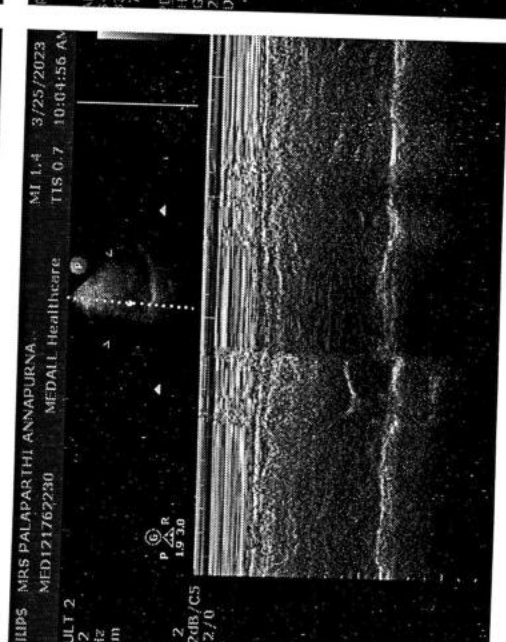
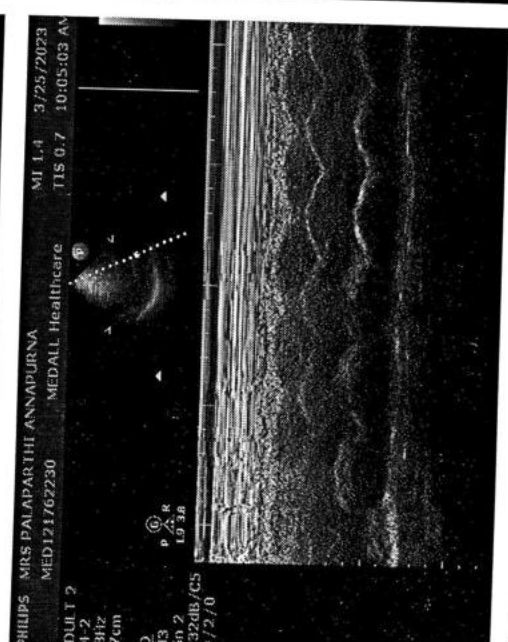
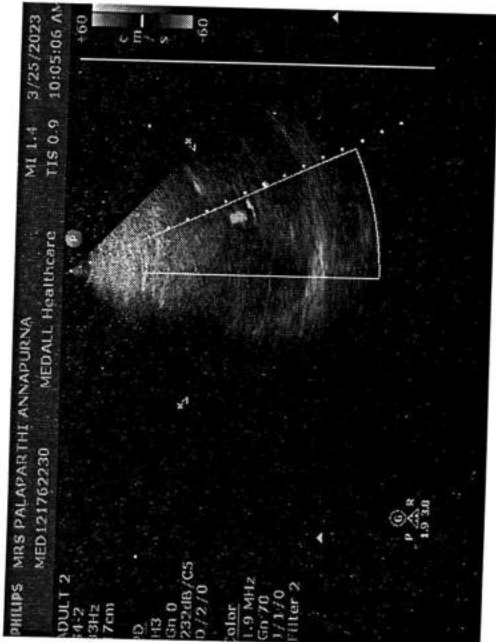
DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

- ***Grade I LV diastolic dysfunction present.***



**P. VIJAYA LAKSHMI
ECHO TECHNICIAN**



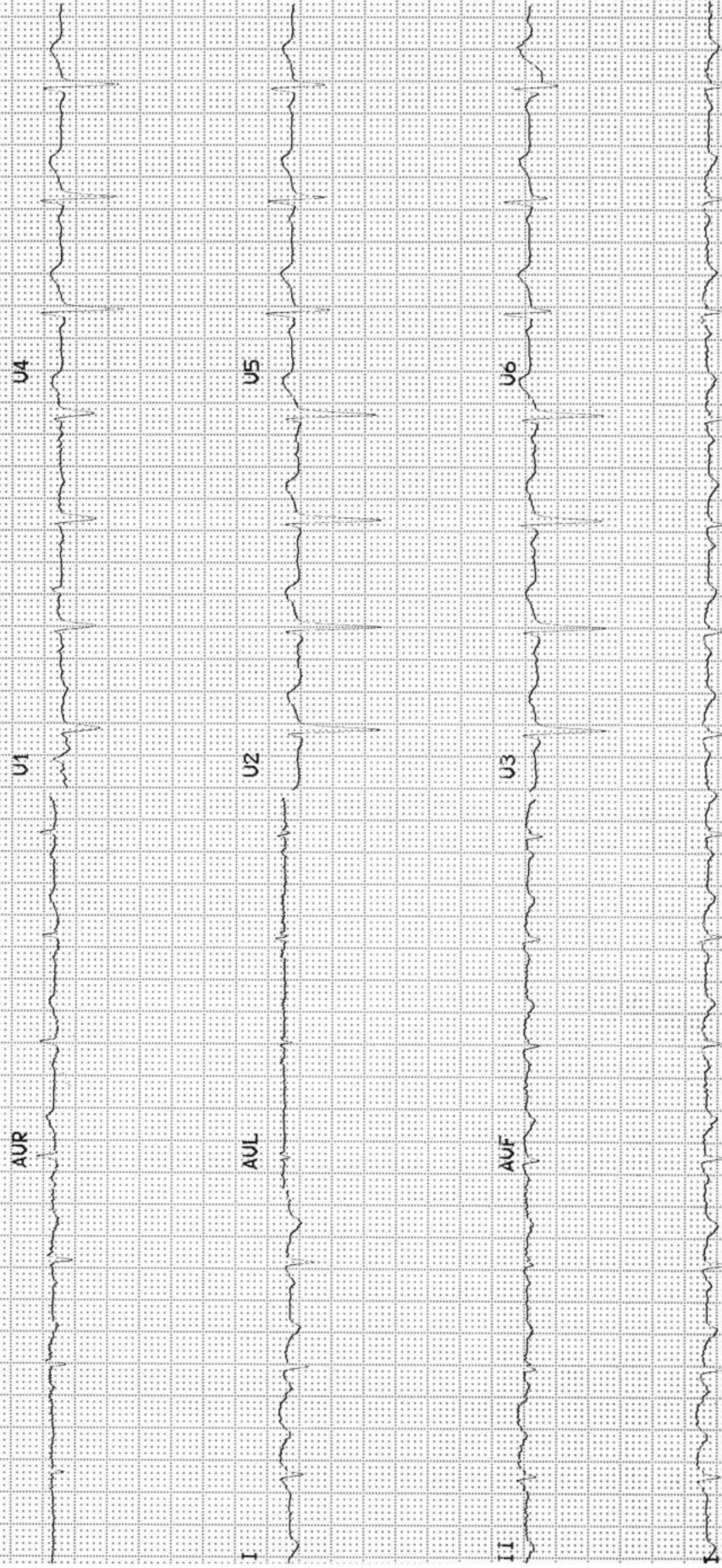
HR 88 bpm

Measurement Results:

PR : 132 ms
 QRS : 108 ms
 QT : 262 / 245 / 251 degrees
 aVR : -90
 aVL :
 aVF :
 P :
 Q :
 R :
 S :
 T :
 U :

Interpretation:
 12SL - Interpretation:
 Unusual P axis and short PR, probable junctional tachycardia
 Right superior axis deviation
 Pulmonary disease pattern
 Inferior infarct, age undetermined

Unconfirmed report.



Name	PALAPARTHI ANNAPURNA DEVI	Customer ID	MED121762230
Age & Gender	55Y/F	Visit Date	Mar 25 2023 2:03PM
Ref Doctor	MediWheel		

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: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST



Name	MS.PALAPARTHI ANNAPURNA DEVI	ID	MED121762230
Age & Gender	55Y/FEMALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

X-RAY MAMMOGRAPHY OF BOTH BREASTS

Soft tissue X-ray mammography of both breasts was performed using the Cranio-caudal and Medio-lateral oblique views.

Indication : Screening.

Composition :

Increased fibroglandular densities in both breast.

No mass or calcification is seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

Correlated ultrasound screening of both breasts did not reveal any abnormality.

IMPRESSION : = Increased fibroglandular densities in both breast.

= BIRADS category I.

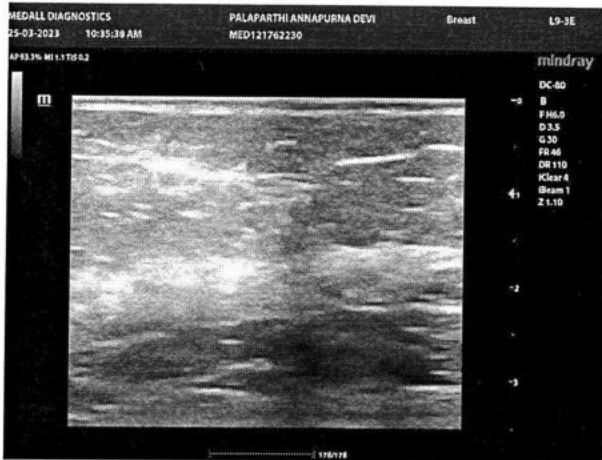
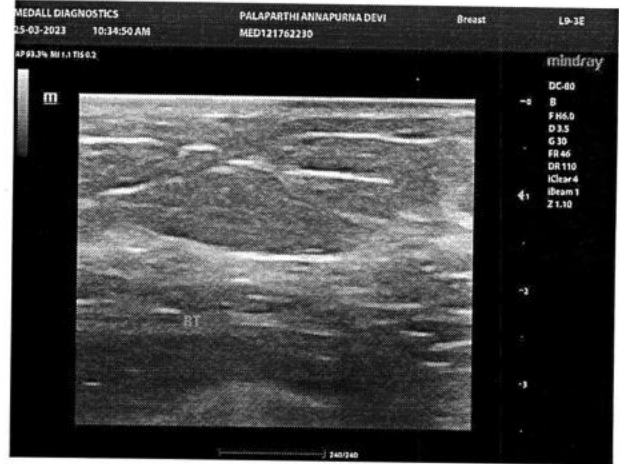
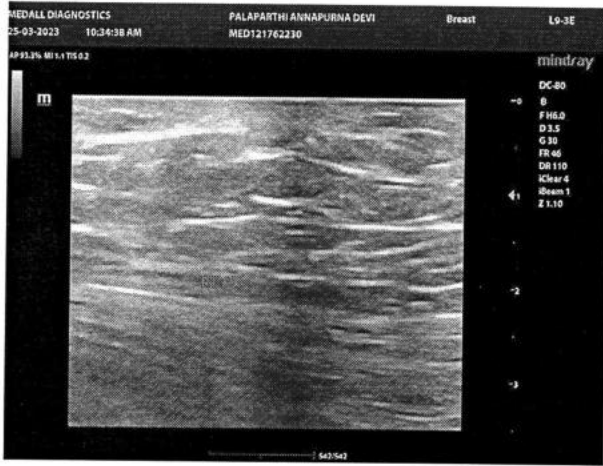


Dr. SUMITHA
SONOLOGIST

Name	MS.PALAPARTHI ANNAPURNA DEVI	ID	MED121762230
Age & Gender	55Y/FEMALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

BIRADS Category		Likely hood of cancer
0	Need additional imaging or prior examinations	N/A
1	Negative	0%
2	Benign	0%
3	Probably benign	>0% - 2 %
4	Suspicious	4a Low suspicion for malignancy (>2% to 10%) 4b Moderate suspicion for malignancy (>10% to 50%) 4c High suspicion for malignancy (>50% to 95%)
5	Highly suggestive of malignancy	95%
6	Known biopsy proven	N/A

Name	MS.PALAPARTHI ANNAPURNA DEVI	ID	MED121762230
Age & Gender	55Y/FEMALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		



Name	MS.PALAPARTHI ANNA PURNA DEVI	ID	MED121762230
Age & Gender	55Y/FEMALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

