

Name	: Mrs. VAJRESHWARI P RAI	REG/LAB NO.	: 23020085 / 1246
AGE/SEX	: 37 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 08:17 AM
REFERRED BY	:	DATE OF REPORT	: 13-02-2023 at 04:52 PM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
BLOOD GROUP	"O"	
RH TYPE	POSITIVE	
COMPLETE BLOOD COUNT(CBC)		
HAEMOGLOBIN	12.9 gm/dl	12 - 16 gm/dl
TOTAL COUNT	9500 cells/cumm	4000 - 11000 cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHILS	53 %	40 - 70 %
LYMPHOCYTES	35 %	20 - 45 %
EOSINOPHILS	05 %	2 - 8 %
MONOCYTES	07 %	1 - 6 %
BASOPHILS	00 %	0 - 1 %
PLATELET COUNT	3.0 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
R.B.C COUNT	4.9 mill/cumm	4 - 5.5 mill/cumm
PACKED CELL VOLUME (PCV)	40 %	37 - 47 %
M.C.V	82 fl	80 - 98 fl
M.C.H	26 pg	26 - 34 pg
M.C.H.C	32 %	31 - 38 %
ESR	18 mm/hr	0 - 20 mm/hr

Interpretation:

ESR is non specific marker of inflammatory process. Its main clinical utility is in monitoring the course or response to treatment of various acute and chronic disorders like hematologic diseases, malignancy, collagen vascular disorders and renal diseases.

FASTING BLOOD SUGAR	94 mg/dl	60 - 110 mg/dl
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COMMENTS :

80 - 99 mg/dL : Normal, 100 - 125 mg/dL : Impaired Fasting Glucose (Pre-Diabetes), >126 mg/ dL : Diabetes.
reference intervals for FBS from ADA RECOMMENDATION 2015.

A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

Impaired fasting glucose (IFG) : Fasting glucose repeatedly is at upper limit, family history or abnormal lipid profile.

Advised : HbA1c and clinical correlation.

NOTE :

In absence of pregnancy, IGT and IFG are risk factors for future DM and cardiovascular disease ; they are not clinical entities.

A person's blood glucose levels normally move up and down depending on meals , Exercise, sickness, and stress.



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TEST PARAMETER	RESULT	REFERENCE RANGE
HbA1c (GLYCOSYLATED Hb) <i>HPLC</i>	5.3 %	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5

MEAN BLOOD GLUCOSE 101.9
Calculated

Degree of Control	HbA1c	MBG
Normal	< 6.0 %	61-124 mg/dl
Good Control	6.0-7.0 %	124-156 mg/dl
Fair Control	7.0-8.0 %	158-188 mg/dl
Poor Control	> 8.0 %	>188 mg/dl

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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. ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

POST PRANDIAL BLOOD SUGAR	127 mg/dl	70 - 140 mg/dl
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TEST PARAMETER	RESULT	REFERENCE RANGE
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COMPLETE URINE ANALYSIS

PHYSICAL CHARACTERS

COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.020	1.005-1.030
pH	6.5	4.5-7.0

CHEMICAL CONSTITUENTS

ALBUMIN	PRESENT (+)	ABSENT
SUGAR	NIL	ABSENT
BILE SALTS	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT
KETONE BODIES	ABSENT	ABSENT

MICROSCOPY

PUS CELLS	4 - 5 /hpf	4-6
R.B.C	NIL	0-4
EPITHELIAL CELLS	2 - 3 /hpf	0-2
CASTS	ABSENT	ABSENT
CRYSTALS	ABSENT	ABSENT
FASTING URINE SUGAR	NIL	NIL
POST PRANDIAL URINE SUGAR (PPUS)	NIL	NIL

LIPID PROFILE TEST (LPT)

TOTAL CHOLESTEROL	199 mg/dl	up to 200 mg/dl
TRIGLYCERIDES	174 mg/dl	up to 200 mg/dl Special condition: Borderline high risk : 200 - 400 mg/dL Elevated : > 400 mg/dL
HDL CHOLESTEROL - DIRECT	42 mg/dl	35 - 55 mg/dl
LDL CHOLESTEROL - DIRECT	122.2 mg/dl	up to 150 mg/dl
VLDL CHOLESTEROL	34.8 mg/dl	0 - 60 mg/dl
TC/HDL	4.7	
LDL/HDL	2.9	





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TEST PARAMETER	RESULT	REFERENCE RANGE
<u>LIVER FUNCTION TEST (LFT)</u>		
TOTAL BILIRUBIN	0.6 mg/dl	0 - 1 mg/dl
DIRECT BILIRUBIN	0.1 mg/dl	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	0.5 mg/dl	0 - 0.75 mg/dl
TOTAL PROTEIN	8.1 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.5 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	3.6 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.3	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST)	23 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	46 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	63 IU/L	25 - 147 IU/L
<u>RENAL FUNCTION TEST (RFT)</u>		
BLOOD UREA	21 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	5.4 mg/dL	3.2 - 6.4 mg/dL
SERUM CREATININE	0.7 mg/dL	0.6 - 1.4 mg/dL





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TEST PARAMETER	RESULT	REFERENCE RANGE
<u>THYROID PROFILE (T3, T4, TSH)</u>		
TOTAL TRIIODOTHYRONINE (T3) <small>CLIA</small>	1.21 ng/mL	0.60-1.81 1st Trimester :0.71 - 1.75 2nd Trimester :0.91 - 1.95 3rd Trimester :1.04 - 1.82
TOTAL THYROXINE (T4) <small>CLIA</small>	9.51 µg/dL	4.5-10.9 1st Trimester :6.5 - 10.1 2nd Trimester :7.5 - 10.03 3rd Trimester :6.3 - 9.7
THYROID STIMULATING HORMONE (TSH) <small>CLIA</small>	2.695 µIU/ml	0.35-5.5 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester :0.3 - 3.0

Note:

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50% hence time of the day has influence on the measured serum TSH concentrations.
- 2.Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3.Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Non thyroidal illness, Autoimmune thyroid disease, Pregnancy ,associated thyroid disorders, Thyroid dysfunction in infancy and early childhood

Dispatched by: Somashekara h c

**** End of Report ****

Printed by: Somashekara h c on 13-02-2023 at 04:52 PM

Lab Technician

Dr. Sowmya T.M
DNB ,PDF
Consultant Pathologist



Mediclu Diagnostics & Speciality Centre

Patient Details

Date: 11-Feb-23

Time: 12:41:51

Name: MRS. VAJRESHWARI ID: 258741544

Age: 36 y

Sex: F

Height: 168 cms

Weight: 89 Kgs

Interpretation

- Target heart rate achieved 96%.
- Average effort tolerance, Normal HR & BP response.
- No significant ST-T changes during exercise and recovery.
- No angina / Arrhythmias.

IMPRESSION:

- TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

To correlate clinically.

Ref. Doctor: MEDIWHEEL

Doctor: DR LOKESH KM

(Summary Report edited by user)

Mediclu Diagnostics & Speciality Centre

Patient Details **Date:** 11-Feb-23 **Time:** 12:41:51
Name: MRS. VAJRESHWARI ID: 258741544
Age: 36 y **Sex:** F **Height:** 168 cms **Weight:** 89 Kgs
Clinical History:

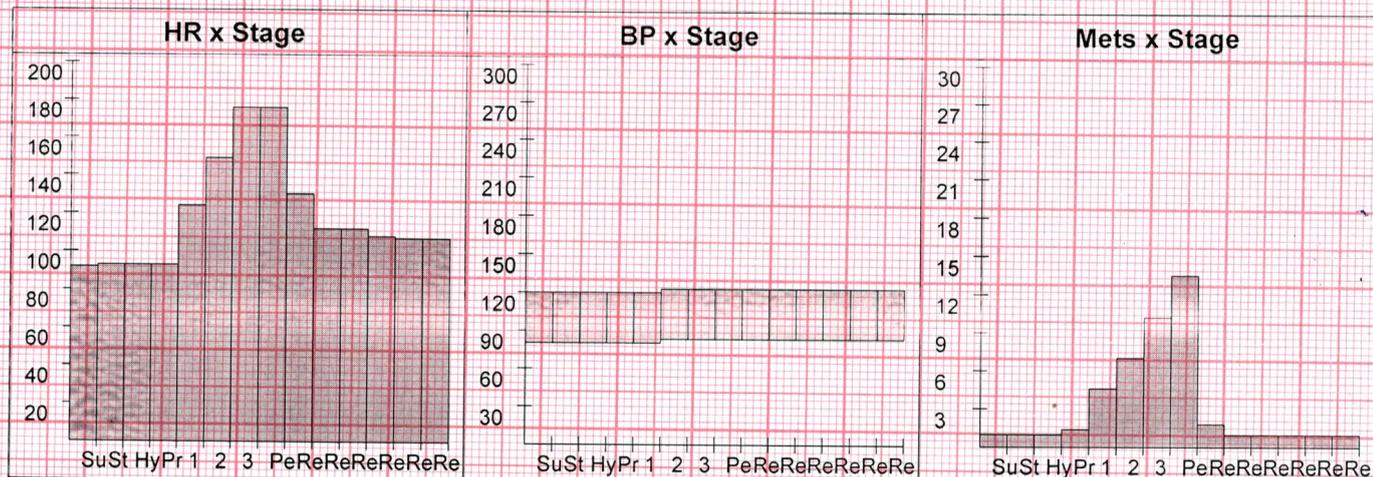
Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 184 bpm **THR:** 165 (90 % of Pr.MHR) bpm
Total Exec. Time: 9 m 0 s **Max. HR:** 176 (96% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 123 / 83 mmHg **Max. BP x HR:** 21648 mmHg/min **Min. BP x HR:** 7360 mmHg/min
Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 25	1.0	0	0	92	120 / 80	-0.64 aVR	0.71 I
Standing	0 : 10	1.0	0	0	93	120 / 80	-0.64 aVR	0.71 I
Hyperventilation	0 : 14	1.0	0	0	93	120 / 80	-0.42 aVR	0.71 I
1	3 : 0	4.6	1.7	10	124	120 / 80	-1.27 aVR	2.12 V4
2	3 : 0	7.0	2.5	12	149	123 / 83	-1.06 II	2.83 V6
3	3 : 0	10.2	3.4	14	176	123 / 83	-2.34 V3	4.60 V4
Peak Ex	0 : 0	13.5	4.2	16	176	123 / 83	-0.85 III	3.89 V4
Recovery(1)	1 : 0	1.8	1	0	130	123 / 83	-0.64 II	4.25 V3
Recovery(2)	1 : 0	1.0	0	0	112	123 / 83	-0.64 aVR	3.18 V3
Recovery(3)	1 : 0	1.0	0	0	112	123 / 83	-0.42 aVR	2.12 V4
Recovery(4)	1 : 0	1.0	0	0	108	123 / 83	-0.64 II	1.42 II
Recovery(5)	1 : 0	1.0	0	0	107	123 / 83	-0.85 II	1.42 V5
Recovery(6)	0 : 7	1.0	0	0	107	123 / 83	-0.21 III	1.42 V4



NAME:	Mrs. VAJRESHWARI	DATE:	11-02-2023
AGE:	36 YEARS	ID. NO:	201608
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is enlarged in size (19.0 cm) and shows mild diffuse increase in echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (8.7 cm) with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 11.4 x 1.3 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 12.6 x 1.3 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

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X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.

Visible bony thoracic cage is normal.

Prominent bilateral breast shadow.

IMPRESSION:

- **No significant abnormality in the visualized lung fields.**



Dr. MOHAN S. MDRD
Consultant radiologist

2023-2-11 8:52:41

ID:0000093

HR:.....bpm /o
P-R:.....ms 103
Q-R-S:.....ms 93

801 Sinus Rhythm
** NORMAL ECG **

ID Card:

Name: VAJRESHWARI P

Gender: Female

Age: 36

Height(cm):

Weight(Kg): 88

BP(mmHg): 107/68

QT/QTc:.....ms 410/460

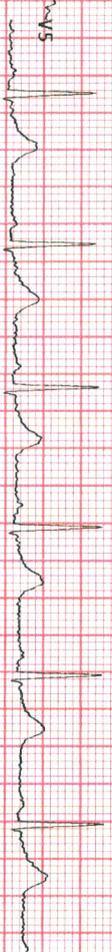
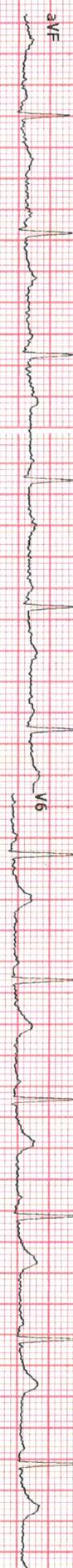
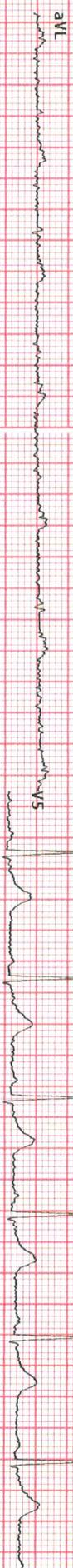
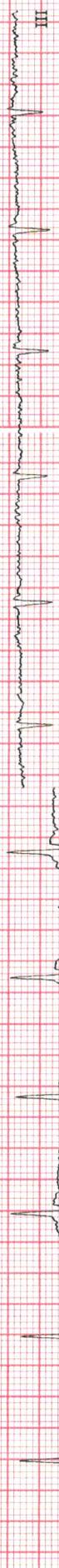
P/QRS/T AXES:.....deg 51/56/51

RV5/SV1:.....mV 1.09/0.84

RV5+SV1:.....mV 1.93

Report Confirmed by:

*The result must be confirmed by doctor!



10mm/mV
25mm/s
AUTO
AC:ON 0.05-35Hz

10mm/mV