

Name	Ms. GEETHA	Customer ID	MED111862083
Age & Gender	40Y/F	Visit Date	Sep 23 2023 8:56AM
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.*



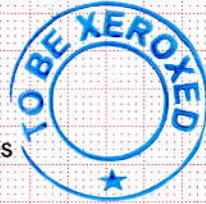
Dr.Hemanandini
Consultant Radiologist



40 Years

Female

QRS :	80 ms
QT / QTcBaz :	420 / 446 ms
PR :	164 ms
P :	78 ms
RR / PP :	876 / 882 ms
P / QRS / T :	61 / 75 / 50 degrees

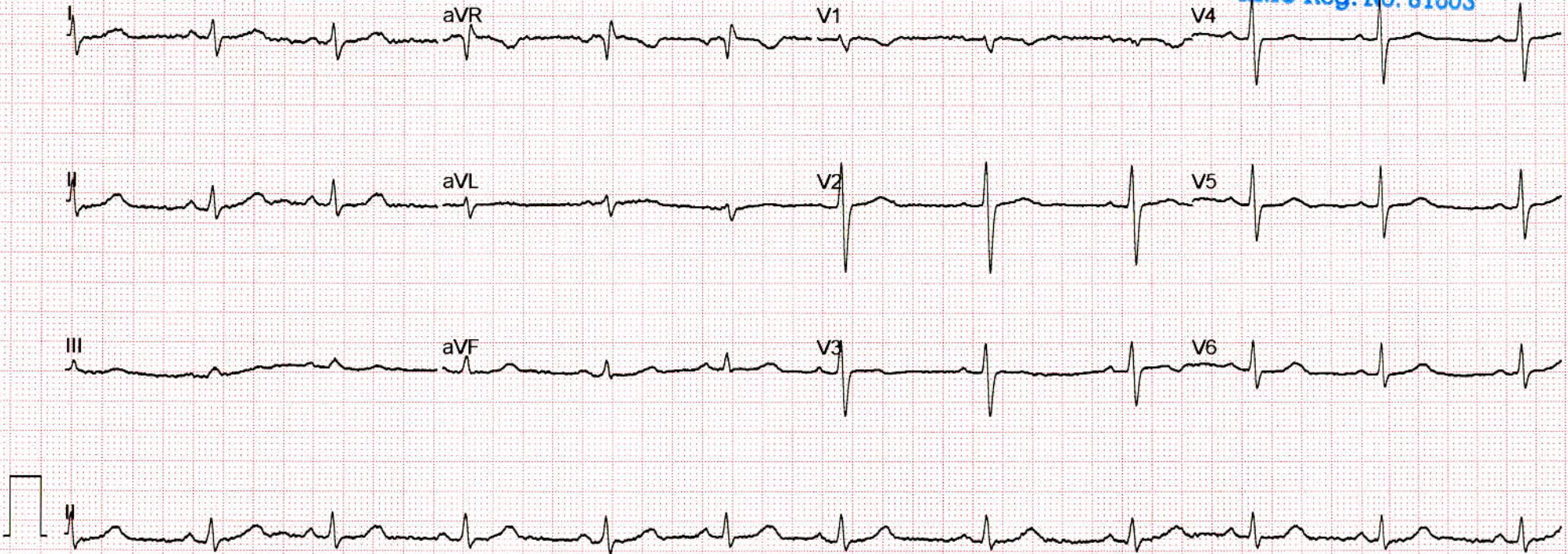


Technician: MEGHA
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:

(Needs Clinical Correlation
for further Management)

N/Study

Raus
Dr. Raminaresh Soudri
MD, DM (Cardiology) FSCAI
Interventional Cardiologist
KMC Reg. No: 81603



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2D ECHOCARDIOGRAPHY

Chambers

- Left ventricle : normal in size, No RWMA at Rest.
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

Septa

- IVS : Intact
- IAS : Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal, trace TR, No PAH
- Aortic valve : Tricuspid, Normal Mobility
- Pulmonary Artery : Normal

Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal

Pericardium : Normal

Doppler Echocardiography

Mitral valve	E	0.95	m/sec	A	0.66	m/sec	E/a:1.44
Aortic Valve	V max	1.5	m/sec	PG	9.9	mm	
Diastolic Dysfunction				NONE			



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:2:

M – Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	27	26-36	Mm
Left Atrium	31	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	45	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	27	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

IMPRESSION:

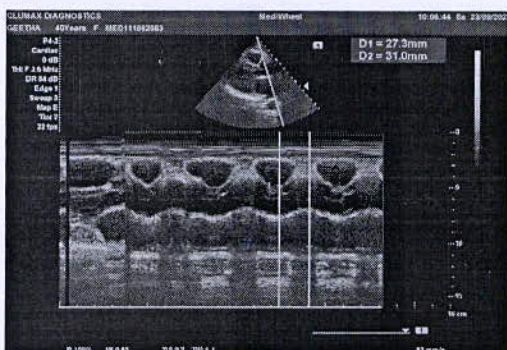
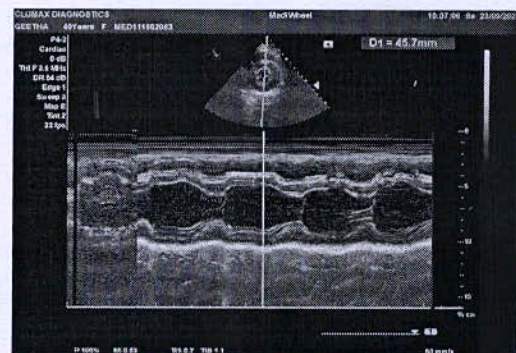
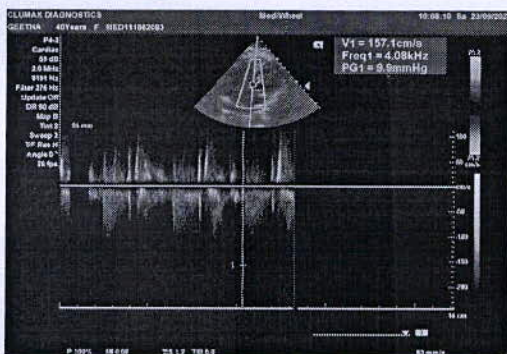
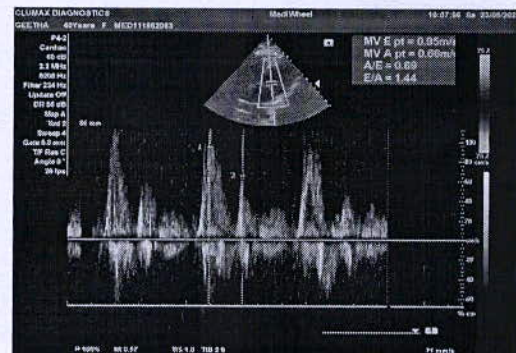
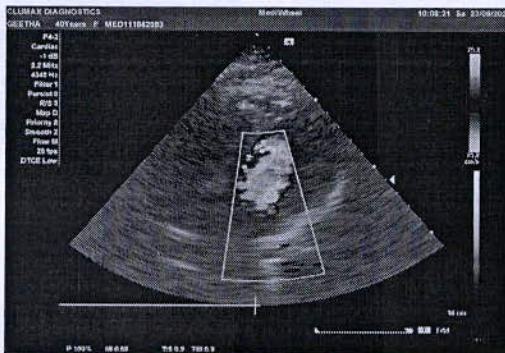
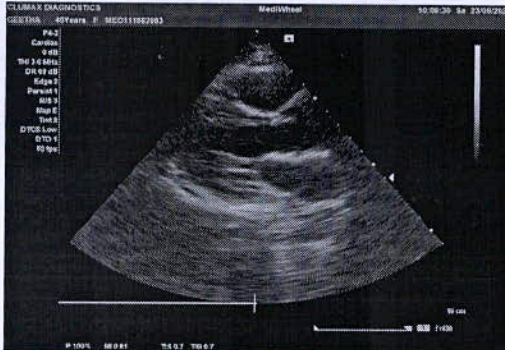
- NORMAL SIZED CARDIAC VALVES AND CHAMBERS
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.



DR RAMNARESH SOUDRI
MD DM (CARDIOLOGY) FSCAI
INTERVENTIONAL CARDIOLOGIST
Rs/ m



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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is mildly enlarged in 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 made out.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.6	1.1
Left Kidney	9.0	1.0

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

UTERUS is anteverted and bulky in size with heterogeneous myometrium with few cystic areas within and asymmetrical uterine anterior wall thickening – likely adenomyosis.
Endometrial echo is of normal thickness – 12.0mms.

Uterus measures as follows:

LS: 9.8cms AP: 5.9cms TS: 6.1cms.

..2



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OVARIES are normal size, shape and echotexture

POD & adnexa are free.

No evidence of ascites.

Impression:

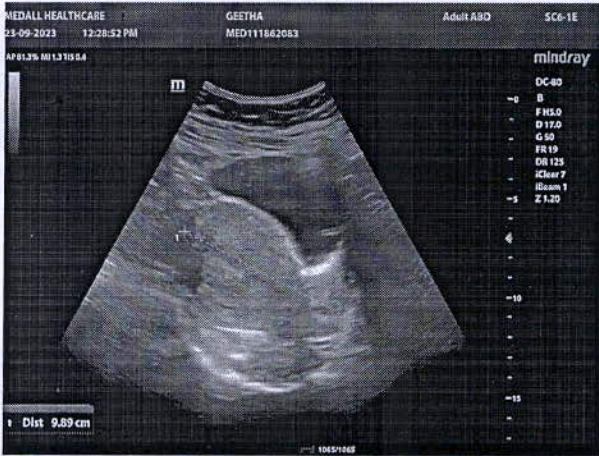
- *Grade I fatty change in the liver.*
- *Bulky uterus with heterogeneous myometrium with few cystic areas within and asymmetrical uterine anterior wall thickening – likely adenomyosis. .*



DR. HARSHITH GOWDA
CONSULTANT RADIOLOGIST
Hg/d



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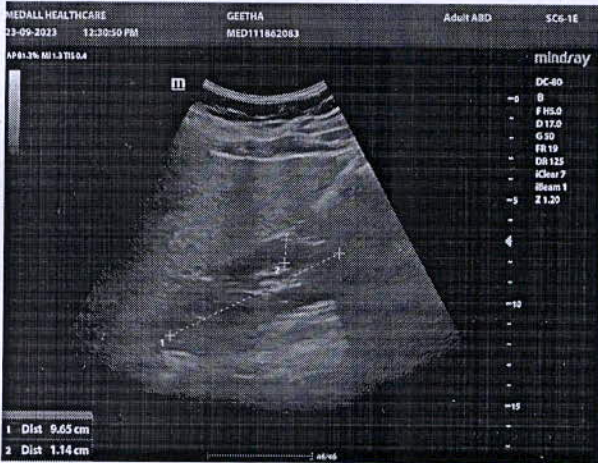
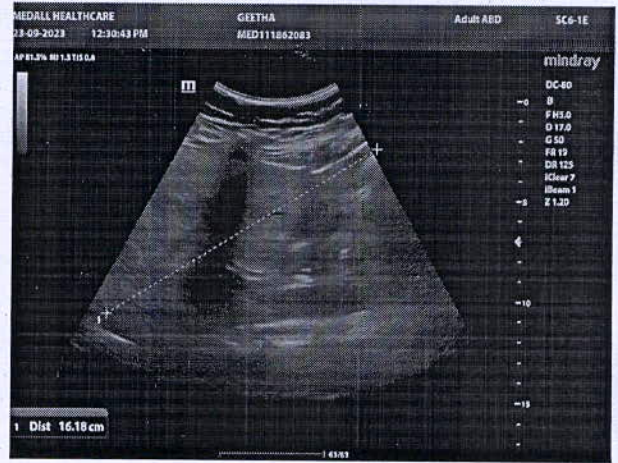


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Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (EDTA Blood)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.24	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.39	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.22	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.50	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	299	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.8	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	6	mm/hr	< 20



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
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The results pertain to sample tested.

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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.35	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	66.41	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	82.07	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.33	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.1	U/L	42 - 98
Total Protein (Serum/Biuret)	7.09	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.45	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.64	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.69		1.1 - 2.2



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1		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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.6	%	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 142.72 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 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.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.46	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)	8.20	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)	3.08	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 ≤ 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)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.008		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		Negative



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Leukocytes(CP)
(Urine)

Negative

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells
(Urine)

0-1

/hpf

NIL

Epithelial Cells
(Urine)

2-5

/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.

Casts
(Urine)

NIL

/hpf

NIL

Crystals
(Urine)

NIL

/hpf

NIL



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BIOCHEMISTRY

BUN / Creatinine Ratio	13.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	114.72	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)	Trace		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	184.01	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)	Trace		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.0	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.67	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)	6.03	mg/dL	2.6 - 6.0
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