





Name : Mrs. P Nandini	UHID : 910020018
Age/Gender : 29 Y 6 M 21 D / Female	Encounter No : OP912110094055
Consultant : DR. Gopalaswamy G	
Lab No : 200013785	
Sample Requested At : 09/10/2021 09:07:56	
Sample Collected At : 09/10/2021 09:30:54	
Reported At : 09/10/2021 11:29:54	
Authorized At : 09/10/2021 14:49:40	

HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
Blood Group & Rh	B Positive			
Complete Blood Count (CBC)				
Haemoglobin	13.5	g%	12 - 15	COLORIMETRY
Haematocrit (PCV)	41.4	%	36 - 46	COLORIMETRY
Total WBC Count	6800	cells/cum m	4000 - 10000	FLOWCYTOMETRY
Platelet Count	266	thous/cum m	150 - 410	IMPEDANCE METHOD
ESR	12	mm/hr	0 - 20	Photometrical capillary
Total RBC Count	4.46	mill/cumm	3.8 - 4.8	IMPEDANCE METHOD
MCV	93.0	fl	83 -101	Calculated Parameter
MCH	30.3	pg	27 - 32	Calculated Parameter
MCHC	32.6	%	31.5 -34.5	Calculated Parameter
Differential Count				
Polymorphs	69	%	40 - 80	FLOWCYTOMETRY
Lymphocytes	24	%	20 - 40	FLOWCYTOMETRY
Eosinophils	02	%	1 - 6	FLOWCYTOMETRY
Monocytes	05	%	2 -10	FLOWCYTOMETRY
Basophilis	00	%	0 - 2	FLOWCYTOMETRY



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HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
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*** End Of Report ***



C. Chidambharam

Seen By Doctor

Authorized By

Verified By
Rajan S

DR.C.Chidambharam
M.D. DNB (Pathology) ,
Consultant Pathologist.

Name : Mrs. P Nandini	UHID : 910020018 
Age/Gender : 29 Y 6 M 21 D / Female	Encounter No : OP912110094055 
Consultant : DR. Gopalaswamy G	
Lab No : 100020400	
Sample Requested At : 09/10/2021 09:07:56	
Sample Collected At : 09/10/2021 09:30:54	
Reported At : 09/10/2021 15:43:35	
Authorized At : 09/10/2021 15:45:48	

BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
Plasma Glucose (F)	105	mg/dl	74 - 109	
Creatinine(serum)	0.7	mg/dl	0.5 - 0.9	
Uric Acid(serum)	4.5	mg/dl	2.4 - 5.7	
Lipid Profile				
Total Cholesterol	168	mg/dl	Desirable level : < 200 Borderline high : 200 - 239 High :> 240	
Triglycerides	174	mgs/dl	< 150	
HDL Cholesterol (Direct)	39	mg/dl	45 - 65	
LDL (Direct)	107	mg/dl	Adult levels Optimal: < 100 Above optimal :100 - 129 Borderline high : 130 - 159 High:160 - 189 Very high :>=190	
VLDL	22	mgs/dl	< 35	
Total HDL Ratio	4.3	mg/dl	3.5 - 5.5	
Liver Function Tests (LFT)				
Bilirubin Total	0.4	mg/dl	Newborns : 24hours : >= 8.0 48 hours : < 13.0 84 hours : < 17.0	
Bilirubin Direct	0.1	mg/dl	0.0 - 0.3	
Bilirubin Indirect	0.3	mg/dl	0.0 - 0.7	
SGOT (AST)	21	IU/L	upto 32	
SGPT (ALT)	18	IU/L	upto 33	
GGTP	17	U/L	upto 50	
Alkaline Phosphatase(serum)	86	U/L	35 - 104	
Total Proteins(serum)	7.3	g/dl	6.6 - 8.7	

Date : 09-10-2021 15:45



Page 1 of 2

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Name : Mrs. P Nandini	UHID : 910020018 
Age/Gender : 29 Y 6 M 21 D / Female	Encounter No : OP912110094055 
Consultant : DR. Gopaldaswamy G	
Lab No : 100020400	
Sample Requested At : 09/10/2021 09:07:56	
Sample Collected At : 09/10/2021 09:30:54	
Reported At : 09/10/2021 15:43:35	
Authorized At : 09/10/2021 15:45:48	

BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
Albumin(serum)	5.1	g/dl	3.5 - 5.2	
Globulin(serum)	2.2	gms/dl	2.8 - 5.3	
A/G Ratio	2.3		1 - 2	
BUN(Blood Urea Nitrogen)				
Blood Urea	09	mg/dl	17 - 49	
BUN(Blood Urea Nitrogen)	04	mgs/dl	8-23	
HbA1c	5.6	%	Non Diabetic : <6.0 Good Control : 6.0 - 7.0 Fair Control : 7.0 - 8.0 Poor Control : >8.0	
GTT Plasma 2 Hrs	100	mgs/dl	<140	

*** End Of Report ***



Verified By
RANJAN.J

Seen By Doctor

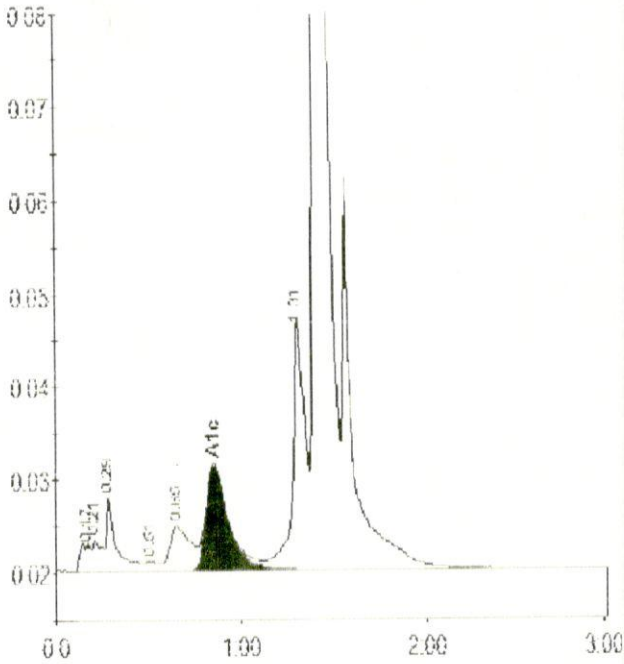
Authorized By
DR BALAKRISHNAN R MD
Consultant biochemistry

Patient report

Bio-Rad DATE: 10/09/2021
 D-10 TIME: 10:55 AM
 S/N: #DJ911420430 Software version: 4.30-2
 Sample ID: 1000204009
 Injection date 10/09/2021 10:55 AM
 Injection #: 24 Method: HbA1c
 Rack #: --- Rack position: 4

PRINTED IN USA

BIO-RAD





Peak table - ID: 1000204009

Peak	R.time	Height	Area	Area %
A1a	0.17	2631	11489	0.5
Unknown	0.21	3354	7063	0.3
A1b	0.29	7988	33170	1.4
F	0.51	1049	5555	0.2
LA1c/CHb-1	0.65	4787	36147	1.6
A1c	0.86	11205	91896	5.6
P3	1.31	27285	121452	5.2
A0	1.41	741712	2010255	86.8
Total Area:			2317029	

Concentration:	%
A1c	5.6



Name : Mrs. P Nandini	UHID : 910020018 
Age/Gender : 29 Y 6 M 21 D / Female	Encounter No : OP912110094055 
Consultant : DR. Gopalaswamy G	
Lab No : 7000010150	
Sample Requested At : 09/10/2021 09:07:56	
Sample Collected At : 09/10/2021 09:30:54	
Reported At : 09/10/2021 12:23:06	
Authorized At : 09/10/2021 12:36:34	

IMMUNOLOGY



Parameter	Results	Units	Biological Reference Range	Methodology
FreeT3	3.92	pg/ml	1.8 - 4.2	ECLIA Method
FreeT4	1.41	ng/dl	0.8 - 2.2	ECLIA Method
TSH	3.36	uIU/ml	0.4 - 7.0	ECLIA Method

*** End Of Report ***

Verified By
SATHYAMOORTHY.P

Seen By Doctor



DR BALAKRISHNAN R MD
Consultant biochemistry

Name : Mrs. P Nandini	UHID : 910020018 
Age/Gender : 29 Y 6 M 21 D / Female	Encounter No : OP912110094055 
Consultant : DR. Gopalaswamy G	
Lab No : 300004703	
Sample Requested At : 09/10/2021 09:07:56	
Sample Collected At : 09/10/2021 09:30:54	
Reported At : 09/10/2021 11:02:47	
Authorized At : 09/10/2021 13:16:35	

CLINICAL PATHOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
Urine Glucose (F)	Nil			
Urine Glucose (PP)	Nil			
Urine Routine				
colour	Pale Yellow			
pH	6.0			
Sp.Gravity	1.020			
Protein	Nil			
Glucose	Nil			
Leucocytes	Trace			
Nitrite	Nil			
Blood	Trace			
Ketone	Absent			
Bilirubin	Nil			
Urobilinogen	Normal			
Pus Cells	4 - 6 / hpf			
Epithelial cells	6 - 8 / hpf			
RBCs	2 - 3 / hpf			
Casts	Nil			
Crystals	Nil			



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CLINICAL PATHOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
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*** End Of Report ***

C. Chidambharam

Seen By Doctor

Authorized By

Verified By
P.SUGANYA

DR.C.Chidambharam
M.D. DNB (Pathology) ,
Consultant Pathologist.



Patient Name	Mrs. Nandini.P	Age / Sex	29 Y/F
Patient ID	910020018	Visit No.	1
Ref. By	Dr. G . Gopalaswamy. MS. FRCS .	Visit Date	09.10.2021

USG ABDOMEN AND PELVIS

Upper Abdomen:

Liver normal in size measures 14.9 cm and filled with homogeneous parenchymal echoes. No abscess or mass lesion in the liver. No dilatation of intrahepatic biliary radicals seen. Gall bladder walls and lumen appeared normal. No calculi seen. Common duct appeared normal. No calculi seen. Portal vein and Pancreas appeared normal. Spleen measures 10.0 cm and appears normal. Abdominal Aorta appeared normal. No para aortic nodes seen.

Kidneys:

RT. Kidney measures 10.8 x 4.5 cm. Cortex appears normal. Cortico medullary differentiation is maintained. Pelvicalyceal system is not dilated. No calculus is seen. Right ureter is not dilated.

LT. Kidney measures 10.5 x 4.7 cm. Cortex appears normal. Cortico medullary differentiation is maintained. Pelvicalyceal system is not dilated. No calculus is seen. Left ureter is not dilated.

Bladder:

Is normal in contour. No intra luminal echoes are seen. No calculus or diverticulum is seen.

Uterus:

Uterus measures 7.9 x 3.1 x 5.0 cm. Anteverted. Shows homogenous myometrial echoes. No focal lesion. Endometrium measures 9 mm. Cavity appears normal. Cervix: Appears normal. No focal lesion.



Patient Name	Mrs. Nandini.P	Age / Sex	29 Y/F
Patient ID	910020018	Visit No.	1
Ref. By	Dr. G . Gopaldaswamy. MS. FRCS .	Visit Date	09.10.2021

Ovaries:

Right ovary measures 2.5 x 1.8 cm.

Left ovary measures 2.5 x 1.6 cm.

Appear normal in size and echotexture.

P.O.D: No free fluid in POD. No adnexal mass lesion noted.

Retroperitoneum:

Aorta and IVC appears normal. No obvious para aortic lymphadenopathy.

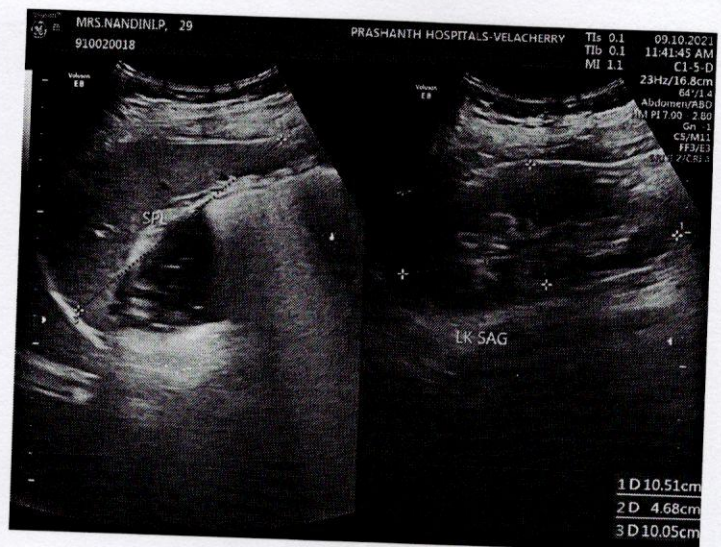
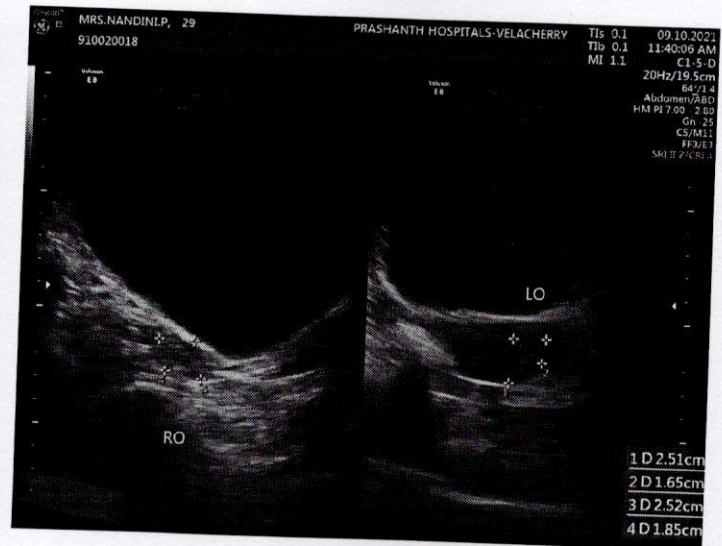
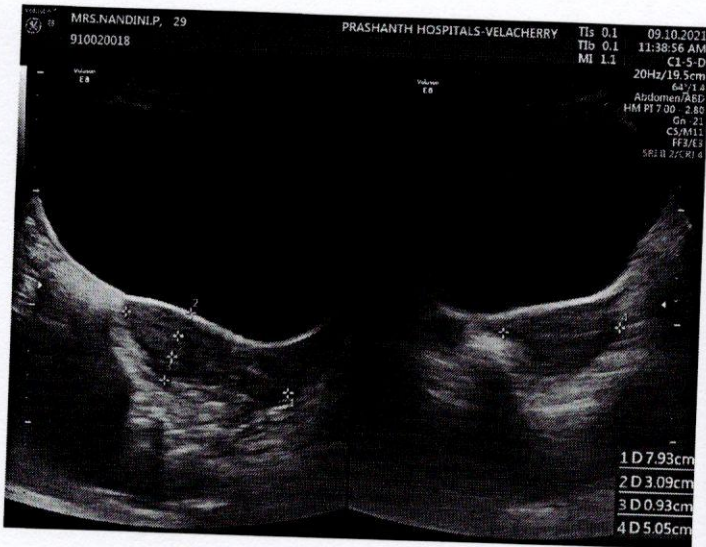
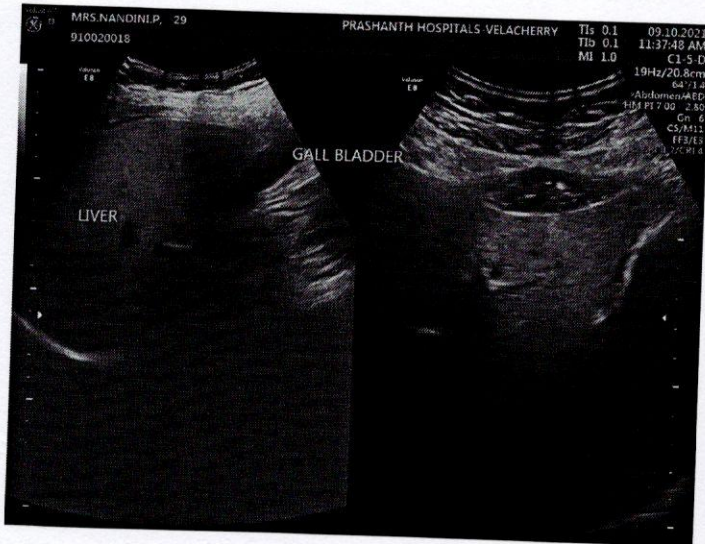
No free fluid in peritoneal cavity. Pleural spaces appeared normal.

Impression:

- No significant abnormality detected in the visualized organs.

Dr. Kathiresan

Consultant Sonologist





PRASHANTH HOSPITALS

NAME : MRS.P NANDINI
OP NO : 912110094055
AGE/SEX : 29 Y/Female
CONSULTANT : .

UHID : 910020018
LAB ID : 9121163881
Request Date : 09/10/2021 09:07:56
Report Date : 09/10/2021

DEPARTMENT OF CARDIOLOGY

INVESTIGATION : 2D ECHO/TMT

LV MEASUREMENTS

AO	23 mm	IVS	10 mm
LA	28 mm	LVPW	09 mm
LVID (ED)	40 mm	EF	65 %
LVID (ES)	26 mm	FS	35 %

MORPHOLOGICAL DATA

MITRAL VALVE :

AML : NORMAL
PML : NORMAL
CHORDAE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
ATRIA : NORMAL
RIGHT VENTRICLE : NORMAL
THROMBOSIS : NIL
INTER ATRIAL SEPTUM : INTACT
INTER VENTRICULAR SEPTUM : INTACT
AORTA : NORMAL
PULMONARY ARTERY : NORMAL
PERICARDIUM:- : NORMAL



DOPPLER DATA :

MITRAL VALVE : NORMAL E/A RATIO AT MITRAL INFLOW
: TRIVIAL - MR E : 96 cm/s, A: 71 cm/s
AORTIC VALVE : NO AR, NO AS, VEL :191 cm/s
PULMONARY VALVE : TRIVIAL PR, NO PS, VEL : 100 cm/s
TRICUSPID VALVE : TRIVIAL TR / NO PAH / TRPG : 18 mmHg

IMPRESSION:

- * NO REGIONAL WALL MOTION ABNORMALITY
- * NORMAL LV DIMENSION WITH NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION (LVEF: 65 %)
- * NO PERICARDIAL EFFUSION
- * NO EVIDENCE OF CLOT OR VEGETATION

DONE BY :CHANDRA.P
Sr.ECHO TECHNOLOGIST

DR.M. DINAKARAN.,MD.,DM.,FNB
SENIOR INTERVENTIONAL CARDIOLOGIST
DK HEART CARE TEAM



EYE CHECK-UP REPORT

NAME : Mrs. Nandini . P

DATE : 09/10/2021

AGE /SEX : 29/F

UHD NUM : 910020018

Chief complaints : Regular eye check up

Past history : —

Systemic Diseases : H/o: Thyroid x 2 years

DISTANCE VISION :

WITH OUT GLASS : 6/6, N6 6/6, N6

WITH GLASS : — —

COLOR VISION : NORMAL / ABNORMAL

GLASS PRESCRIPTION :

EYE	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
DISTANCE	± Plano	—	—	6/6	± Plano	—	—	6/6
ADD	—	—	—	N6	—	—	—	N6

ANTERIOR SEGMENT :

CORNEA & LENS :

BE WNL

REMARK : CONTINUE WITH SAME GLASSE

ROUTINE CHECK UP AFTER 6/12 MONTH

FUNDUSCOPY ONCE A YEAR


OPTOMETRIST

Mrs. Nandini
ID: 910020018

29 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 358 / 392 ms
PR : 136 ms
P : 94 ms
RR / PP : 834 / 833 ms
P / QRS / T : 16 / 37 / 29 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

09.10.2021 10:18:36
PRASANTH SUPERSPECIALITY
VELACHERY
CHENNAI

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

72 bpm
-- / -- mmHg

CE 0537 LOT D 841

