



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name

जी पून्गोताई
G Poongothai

E.C. No.

53839



जारीकर्ता प्राधिकारी
Issuing Authority



G Poongothai

धारक के हस्ताक्षर
Signature of Holder

Name	POONGOTHAI G	Customer ID	MED111075410
Age & Gender	59Y/F	Visit Date	May 3 2022 9:00AM
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: Essentially normal study.

DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

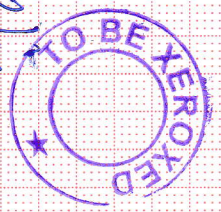
DR. MAHESH M S

CONSULTANT RADIOLOGISTS



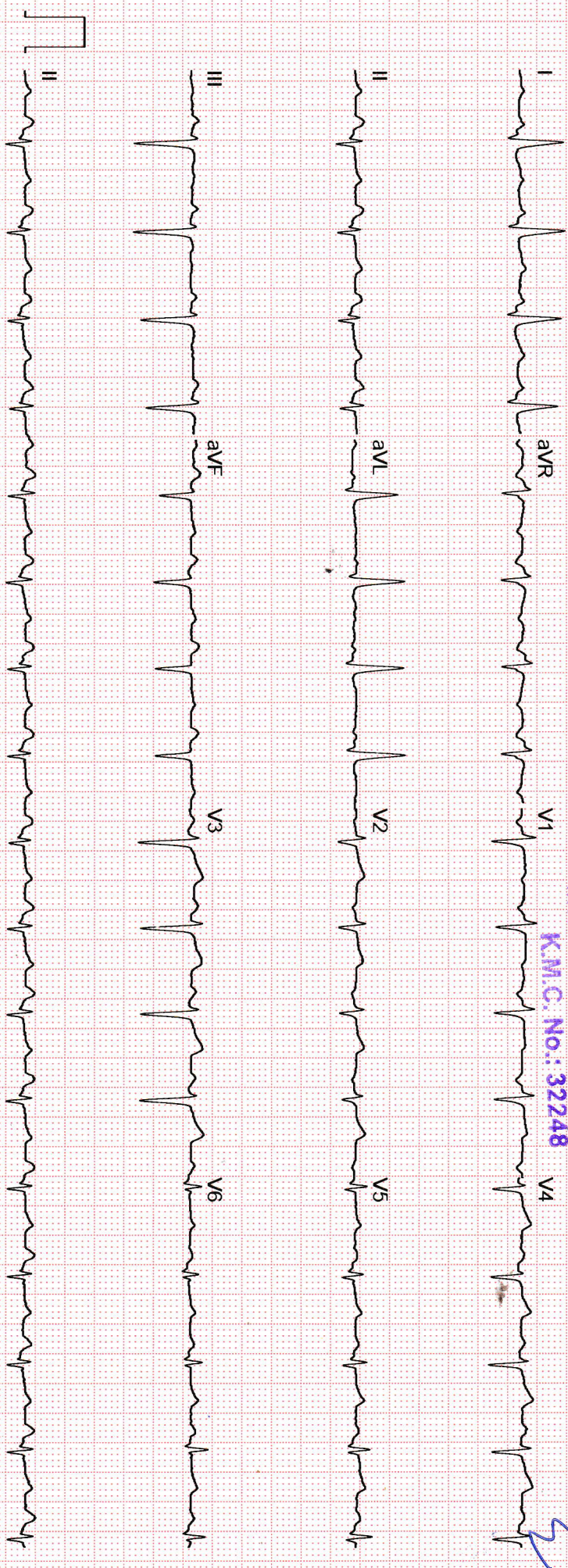
QRS : 82 ms
QT / QTcBaz : 366 / 477 ms
PR : 134 ms
P : 106 ms
RR / PP : 590 / 588 ms
P / QRS / T : 56 / -35 / 41 degrees

(Needs Clinical Correlation
for further Management)



Technician: Manju
Referring Pr: C/O Mediwheel
Attending Pr:

MR
MR
MR - 3rd
DR. SRIDHAR .L
MD (Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248
Simple Left Bundle Branch Block



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2 5x3_25_R1 1/1

Unconfirmed

Customer Name	Poongothai G.	Customer ID	111075410
Age & Gender	59 yrs / Female	Visit Date	03/05/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/8	6/8
Colour Vision	Normal	Normal

w/ glasses

Observation / Comments: K1CLO · DM. on treatment
Continue to same glasses.

CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD
58/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block Jayansagar
BANGALORE 560 011

Name	MS.POONGOTHAI G	ID	MED111075410
Age & Gender	59Y/FEMALE	Visit Date	03/05/2022
Ref Doctor	MediWheel		

BILATERAL SONOMAMMOGRAPHY

Two well defined oval shaped heterogeneous lesions with smooth margins are noted in left breast measuring 8 x 3mm at 1 o'clock position and 12 x 5mm at 2 – 3 o'clock position in periareolar region.

Another well-defined heterogeneous lesion with calcification is noted at 6 o'clock position of left breast measuring 9 x 5mm.

No evidence of focal cystic areas.

No evidence of ductal dilatation.

Intramammary lymphnode is noted at 10 o'clock position of right breast measuring 7 x 5mm.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 6 x 3 mm (right) and 7 x 4 mm (left).

Impression:

- *Fibroadenomas in left breast.*
- *Intramammary lymphnode in right breast.*

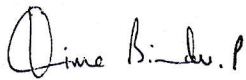
CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P

Hbp/so



Name	MS.POONGOTHAI G	ID	MED111075410
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform 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 madeout.
 Right kidney shows focal scarring in the upper and mid pole.
 No evidence of calculus or hydronephrosis.
 The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.3	1.0
Left Kidney	10.1	1.0

URINARY BLADDER show normal shape and wall thickness.
 It has clear contents. No evidence of diverticula.

UTERUS is not visualised – post hysterectomy status.

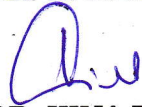
OVARIES are not visualised – ? post operative status / ? atrophic.

No evidence of ascites.

Impression: Focal scarring in right kidney.

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DR. H. K. ANAND DR. PRAJNA SHENOY DR. MAHESH. M. S DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P
Hbp/so



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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.69	cms
LEFT ATRIUM	:	2.82	cms
AVS	:	1.47	cms
LEFT VENTRICLE (DIASTOLE)	:	4.00	cms
(SYSTOLE)	:	2.53	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.88	cms
(SYSTOLE)	:	1.67	cms
POSTERIOR WALL (DIASTOLE)	:	1.14	cms
(SYSTOLE)	:	2.29	cms
EDV	:	70,	ml
ESV	:	23	ml
FRACTIONAL SHORTENING	:	36	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.71	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.69m/s 'A' -1.10m/s	TRIVIAL MR
	E/A REVERSED	
AORTIC VALVE	:1.30 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- TRIVIAL MITRAL REGURGITATION
- LV DIASTOLIC DYSFUNCTION
- ADEQUATE LV SYSTOLIC FUNCTION. EF: 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



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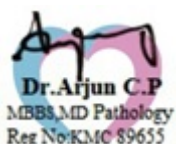


Investigation **Observed Value** **Unit** **Biological Reference Interval**

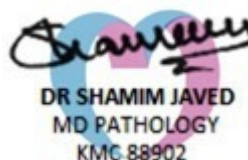
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.3	%	37 - 47
RBC Count (EDTA Blood)	5.35	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	73.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	23.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	17.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	44.38	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7500	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	56.5	%	40 - 75
Lymphocytes (EDTA Blood)	33.8	%	20 - 45
Eosinophils (EDTA Blood)	1.6	%	01 - 06
Monocytes (EDTA Blood)	7.3	%	01 - 10



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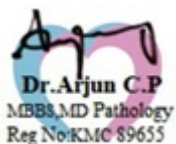
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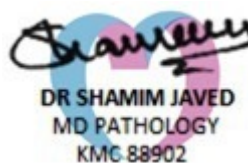
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Basophils (EDTA Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.24	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.53	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.12	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.55	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	376	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	25	mm/hr	< 30



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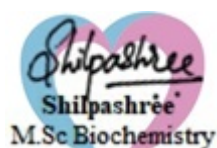


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.24	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.08	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	7.85	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	8.78	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.63	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	86.0	U/L	53 - 141
Total Protein (Serum/Biuret)	7.68	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.46	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.22	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	213.22	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	180.97	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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.			
HDL Cholesterol (Serum/Immunoinhibition)	39.98	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	137	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	36.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	173.2	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.


Shilpashree
M.Sc Biochemistry
APPROVED BY

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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.3		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)	4.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4		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)	9.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 231.69 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)	1.15	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.

T4 (Tyroxine) - Total (Serum/ECLIA)	10.93	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)	2.09	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.


DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

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CLINICAL PATHOLOGY


PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		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


DR .VANITHA.R.SWAMY MD
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Leukocytes(CP)
(Urine)

Negative

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells
(Urine)

1-2

/hpf

NIL

Epithelial Cells
(Urine)

1-2

/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


DR .VANITHA.R.SWAMY MD
Consultant Pathologist
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BIOCHEMISTRY

BUN / Creatinine Ratio	11		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	234.45	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	227.45	mg/dL	70 - 140

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
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	13.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1

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-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	7.30	mg/dL	2.6 - 6.0
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APPROVED BY

Name : Ms. POONGOTHAI G
PID No. : MED111075410
SID No. : 922025334
Age / Sex : 59 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 03/05/2022 9:04 AM
Collection On : 03/05/2022 9:30 AM
Report On : 04/05/2022 11:54 AM
Printed On : 04/05/2022 6:14 PM




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Negative'		
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Remark: Suggested confirmation by gel card method



DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

-- End of Report --

Name : Ms. POONGOTHAI G Register On : 03/05/2022 9:04 AM
PID No. : MED111075410 Collection On : 03/05/2022 9:30 AM
SID No. : 922025334 Report On : 04/05/2022 11:54 AM
Age / Sex : 59 Year(s) / Female Printed On : 04/05/2022 6:13 PM
Ref. Dr : MediWheel OP / IP : OP



PAP Smear by LBC(Liquid based Cytology)

Nature of Specimen: Cervical smear.

Lab NO : GC-564/22

Specimen type : Liquid based preparation.


Specimen adequacy : Satisfactory for evaluation.


Endocervical / Transformation zone cells : Absent.

General categorization : Within normal limits.

DESCRIPTION : Smear shows few superficial squamous cells, intermediate cells and occasional parabasal cells in a background of sparse inflammatory cells.

INTERPRETATION : Negative for intraepithelial lesion or malignancy


Dr. Arjun C.P
MBBS, MD Pathology
Reg No: KMC 89655


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902