ARTHI SCANS

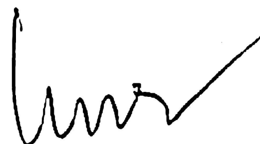
Obli Towers, 594, D.B. Road, R. S. Puram, Coimbatore-641 002. Mobile : 99430 99994 email: info@arthiscans.com

Patient Name : MRS. ANJALI A
Age / Gender : 41 years / Female
Patient ID : 84674

Referral : MediWheel
Collection Time : Feb 12, 2022, 09:23 a.m.
Reporting Time : Feb 12, 2022, 02:36 p.m.
Sample ID :
001304322

Test Description	Value(s)	Reference Range	
COMPLETE BLOOD COUNT (CBC)			
ESR	**60**	12.0 - 15.0	mm/hr
Hemoglobin (Hb)	12.4	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	4.50	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	38.5	36 - 46	%
Mean Cell Volume (MCV)	85.56	83 - 101	fL
Mean Cell Haemoglobin (MCH)	27.56	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)	32.21	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	**14.1**	11.6 - 14.0	%
Total Leucocytes (WBC) Count	6100	4000-10000	cell/cu.mm
Neutrophils	60	40 - 80	%
Lymphocytes	31	20 - 40	%
Monocytes	6	2 - 10	%
Eosinophils	3	1 - 6	%
Basophils	**0**	1-2	%
Absolute Neutrophil Count	3660	2000 - 7000	/c.mm
Absolute Lymphocyte Count	1891	1000 - 3000	/c.mm
Absolute Monocyte Count	366	200 - 1000	/c.mm
Absolute Eosinophil Count	183	20 - 500	/c.mm
Absolute Basophils Count	**0**	20 - 100	/c.mm
Platelet Count	403	150 - 410	10^3/ul
Mean Platelet Volume (MPV)	9.2	7.2 - 11.7	fL
PCT	0.37	0.2 - 0.5	%
PDW	9.3	9.0 - 17.0	%

END OF REPORT



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URINE COMPLETE ANALYSIS,

Test Description	Value(s)	Reference Range	
	Physical Examination		
Quantity	25	-	ml
Colour	Pale Yellow	Pale yellow/Yellow	
Appearance	Clear	Clear	
Specific Gravity	1.010	1.005-1.025	
pH	5.0	5.0 - 8.0	
Deposit	Absent	Absent	
	Chemical Examination		
Protein	Absent	Absent	
Sugar	Absent	Absent	
Ketones	Absent	Absent	
Bile Salt	Absent	Absent	
Bile Pigment	Absent	Absent	
Urobilinogen	Normal	Normal	
	Microscopic Examination (/hpf)		
Pus Cell	2-4	Upto 5	
Epithelial Cells	1-2	Upto 5	
Red Blood Cells	Absent	Absent	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous Deposit	Absent	Absent	
Yeast Cells	Absent	Absent	
Bacteria	Absent	Absent	
Other findings	Not seen	Not seen	

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Test Description	Value(s)	Reference Range

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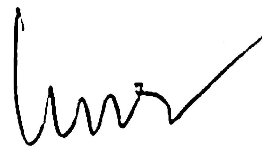

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Test Description	Value(s)	Reference Range
BLOOD GROUP & RH TYPING		
Blood Group (ABO typing) Method : Manual-Hemagglutination	"O"	
RhD Factor (Rh Typing) Method : Manual hemagglutination	Negative	

END OF REPORT

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Test Description	Value(s)	Reference Range	
Glycosylated HbA1c			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD **Method : (HPLC, NGSP certified)**	5.4		%
Estimated Average Glucose :	108.28	-	mg/dL

Interpretation

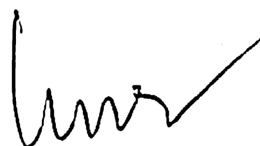
As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

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. Converse is true for a diabetic previously under good control but now poorly controlled .
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.



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Test Description	Value(s)	Reference Range

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

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

END OF REPORT

DR.UMA SAROJINI .K MBBS.,DCP.,

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Test Description	Value(s)	Reference Range	

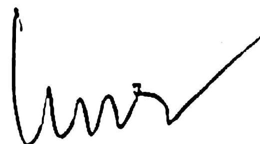
THYROID PROFILE TEST - TOTAL

T3-Total	98.93	60 - 200	ng/dL
T4-Total	7.20	4.52 - 12	ug/dL
TSH-Ultrasensitive Method : CLIA	0.73	0.32 - 5.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0	uIU/mL

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease).Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

END OF REPORT



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Test Description	Value(s)	Reference Range	
LIPID PROFILE			
Cholesterol-Total Method : Spectrophotometry	**225.0**	Desirable level | < 200 Borderline High | 200-239 High | >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	**176.0**	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	60.0	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	129.80	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	35.20	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	3.75	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	**2.16**	2.5 - 3.5	

Note:

8-10 hours fasting sample is required.

END OF REPORT

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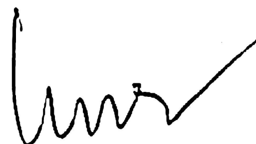
Test Description	Value(s)	Reference Range	
RENAL PROFILE			
Urea	20.0	15-36	mg/dL
Method : Uricase			
Blood Urea Nitrogen-BUN	9.10	7 - 17	mg/dL
Method : Serum, Urease			
Creatinine	0.7	0.52-1.25	mg/dL
Method : Serum, Jaffe			
Uric Acid	4.5	2.5 - 6.2	mg/dL
Method : Serum, Uricase			

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

END OF REPORT



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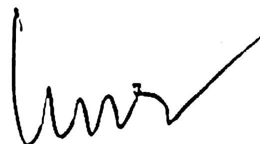
Test Description	Value(s)	Reference Range	
LIVER FUNCTION TEST			
Total Protein	7.7	6.3 - 8.2	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	4.9	3.5 - 5.0	g/dL
Method : Serum, Bromocresol green			
Globulin	2.80	1.8 - 3.6	g/dL
Method : Serum, EIA			
A/G Ratio	1.75	1.2 - 2.2	
Method : Serum, EIA			
Bilirubin - Total	0.4	0.2 - 1.3	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.1	< 0.3	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.3	0.0 - 1.1	mg/dL
Method : Serum, Calculated			
SGOT	25.0	14-36	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	22.0	< 52	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
Alkaline Phosphatase	79.0	38 - 126	U/L
Method : PNPP-AMP Buffer/Kinetic			
GGT-Gamma Glutamyl Transpeptidae	17.0	< 43	U/L
Method : Serum, G-glutamyl-carboxy-nitoanilide			

END OF REPORT



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Test Description	Value(s)	Reference Range	
GLUCOSE (F)			
Glucose fasting Method : GOD-POD	103.0	Normal: 70 - 120	mg/dL

END OF REPORT

DR.UMA SAROJINI .K MBBS.,DCP.,

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Test Description	Value(s)	Reference Range	
GLUCOSE (PP)			
Blood Glucose-Post Prandial Method : GOD-POD	120.0	80- 140	mg/dL

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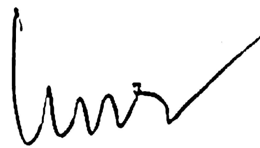

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SID No. : **88007**
Name : **MRS. ANJALI**
Age / Sex : 41 Years / Female
Ref. By : **MEDIWHEEL**

Patient ID : 84674

Registered On : 12 Feb 22/19:15
Collected On : 12 Feb 22/19:15
Reported On : 15 Feb 22/17:10

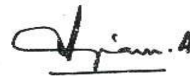
CYTOLOGY REPORT

SPECIMEN : PAP Smear. 3 Slides.

REPORT : Smear show plenty of superficial cells, many intermediate cells & neutrophils & few parabasal cells.

IMPRESSION : Shows features of Mild Acute non specific Inflammation. There is no evidence of CIN or Malignancy.

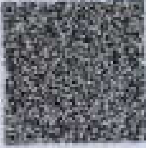
------------End Of Report ------------



Dr. A.ARJUNAN.MD(PATH).,

இந்திய அரசாங்கம்
Government of India

Anjali A
பிறந்த நாள் / DOB : 25/05/1990
பெண் / Female



6240 1957 8170

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Address:
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ABI SCANS & LABS

A unit of Aarthi Scans and Labs

Name	MRS.ANJALI A	Patient ID	84674
Accession No	84674	Age/Gender	41Y / Female
Referred By	Dr.MEDIWHEEL	Date	12-Feb-2022

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size ~ 12.6 cm and shows increased echo texture.

No obvious focal lesion seen. No intra – Hepatic biliary radical dilatation seen.

GALL BLADDER:

Is adequately distended. No calculus or internal echoes are seen. Wall thickness is normal.

PANCREAS:

Appears normal in size and it shows uniform echo texture.

SPLEEN:

Is normal in size ~ 8.1 cm and shows uniform echogenicity.

RIGHT KIDNEY:

Right kidney measures ~ 9.6 x 3.6 cms.

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

Cortico medullary differentiation is within normal. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

Left kidney measures ~ 9.5 x 3.5 cms.

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

Cortico medullary differentiation is within normal. No evidence of pelvicalyceal dilatation.

No calculi seen.

BLADDER:

Is normal contour. No intra luminal echoes are seen.

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Obli Towers, #594, D. B. Road - Cowley Brown Road Jn., Coimbatore - 641 002. Phone: 99430 99994

ABI SCANS & LABS

A unit of Aarthi Scans and Labs

Name	MRS.ANJALI A	Patient ID	84674
Accession No	84674	Age/Gender	41Y / Female
Referred By	Dr.MEDIWHEEL	Date	12-Feb-2022

USG REPORT - ABDOMEN AND PELVIS

UTERUS:

Measures ~ 8.2 x 3.7 x 5.1 cms.

Uterus appears bulky and heterogenous with multiple subcentimetric myometrial cysts and altered endo myometrial junction.

Endometrium is regular and normal (10 mm).

Cervix appears bulky and heterogenous with few nabothean cysts.

OVARIES:

Right ovary measures ~ 2.5 x 1.4 cms.

Left ovary measures ~ 2.2 x 2 cms.

No adnexal mass lesion seen.

Mild free fluid in pouch of douglas.

IMPRESSION:

- **Grade I fatty liver.**
- **Uterine adenomyosis.**
- **Cervicitis.**
- **Mild free fluid in pouch of douglas.**
- **Features likely to represent early pelvic inflammatory disease.**

Dr. Abinaya Rajasekaran., MDRD.,
Radiologist

Thank you for the courtesy of this referral
Foot Note: Patient's identity is not verified. Report is not valid for medico legal purpose.

Door No. 452/493, PN Road, Millar Stop,
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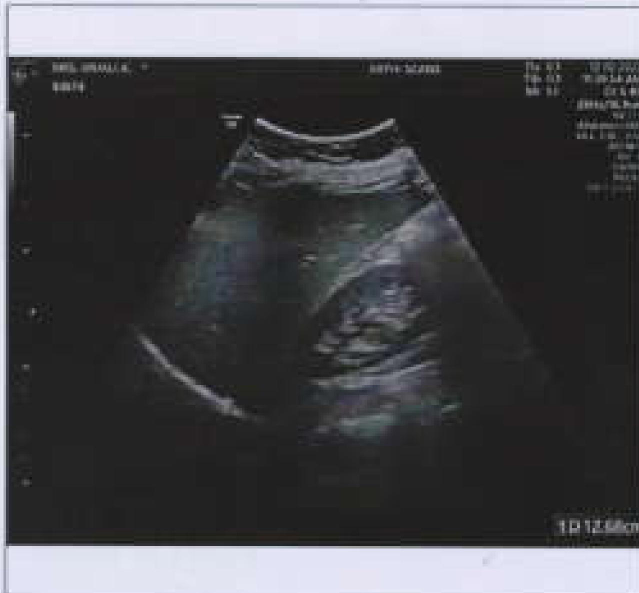
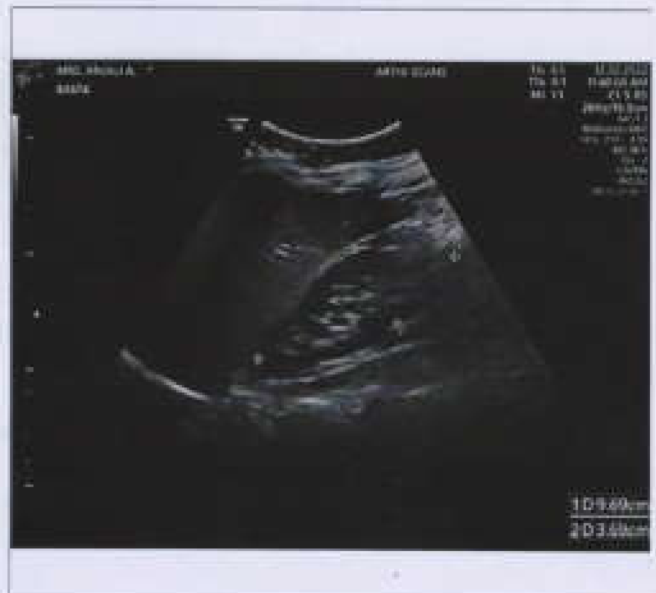
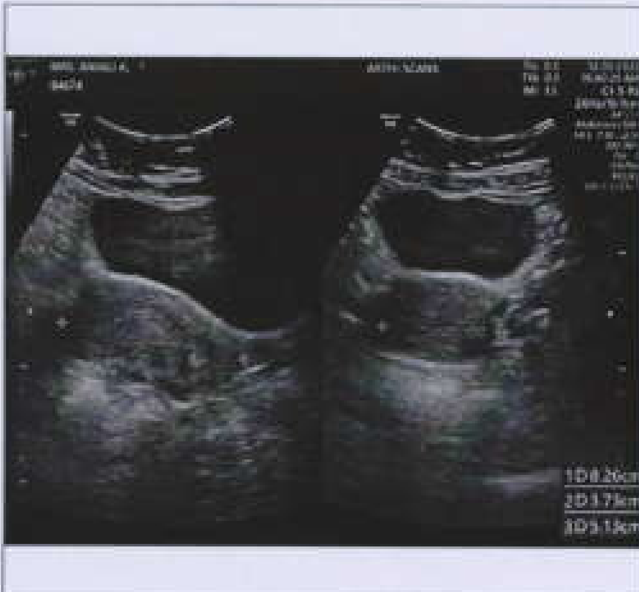
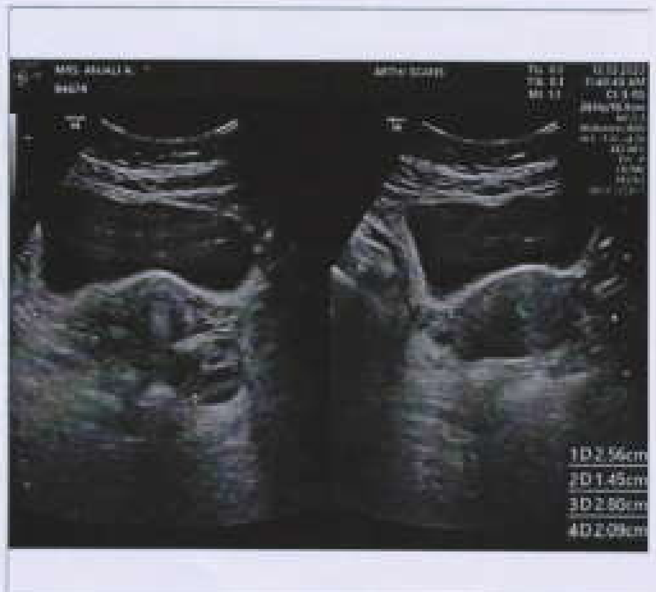
ABI SCANS AND LABS

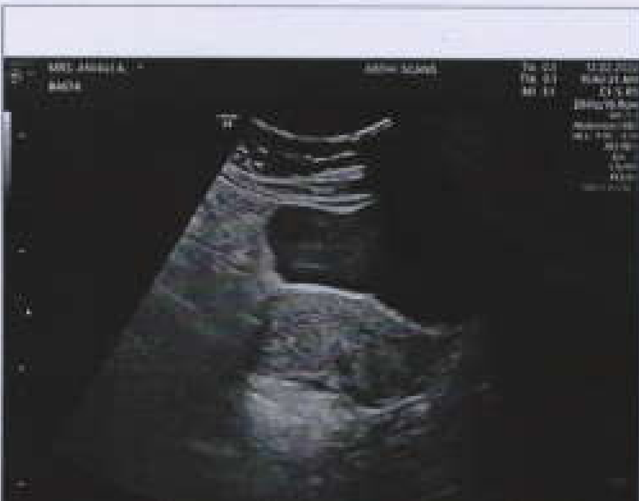
MRS. ANJALI A /F 84674 12-Feb-2022 09:33:50 AM

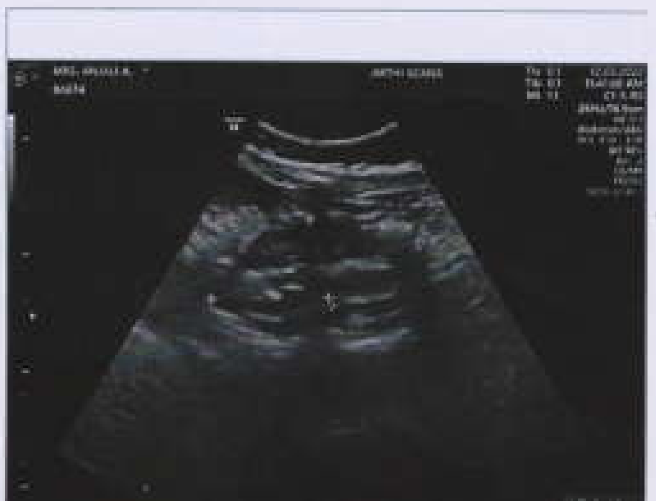












ABI SCANS & LABS

A unit of Aarthi Scans and Labs

Name	MRS.ANJALI A	Patient ID	84674
Accession No	84674	Age/Gender	41Y / Female
Referred By	Dr.MEDIWHEEL	Date	12-Feb-2022

X - RAY - MAMMOGRAM BOTH SIDES

TECHNIQUE:

Full field digital mammography of both breasts was performed in cranio-caudal and medio-lateral oblique views

OBSERVATION:

The fibroglandular density is normal for age in both breasts.

Nipple and subareolar tissue are normal. No retraction or skin thickening is seen.

Subcutaneous tissue and cooper's ligaments are normal.

No evidence of any distortion of the tissues seen.

The pectoralis and retro mammary space appears normal.

No abnormal macrocalcification / microcalcification seen.

Few prominent bilateral axillary lymph nodes seen.

USG SCREENING

Well defined hypoechoic lesion measuring ~ 0.6 x 2.1 cm seen at 11 to 12'o clock position of left breast. No obvious internal vascularity seen on colour doppler.

Well defined horizontally oriented hypoechoic lesion measuring ~ 0.5 x 1 cm seen within 6'o clock position of left breast. No significant internal vascularity on colour doppler / calcification seen.

Right breast parenchyma appears normal.

Few subcentimetric axillary lymphnodes with preserved fatty hilum seen.

IMPRESSION:

- **BIRADS IV– Atypical fibroadenoma in left breast (lesion at 11 to 12'o clock position).**
- **Suggested FNAC for further evaluation.**
- **BIRADS III – Fibroadenoma in left breast.**
- **Radiologically benign appearing bilateral axillary lymph nodes.**

Dr. Abinaya Rajasekaran, MD.,RD.,
Reg. No: 119338.

NOTE: BI – RADS SCORING KEY

0 – Needs additional evaluation; I – Negative II – Benign findings; III – Probably benign
IV – Suspicious abnormality – Biopsy to be considered
V – Highly suggestive of malignancy; VI – Known biopsy proven malignancy

Dr. Abinaya Rajasekaran., MDRD.,
Radiologist

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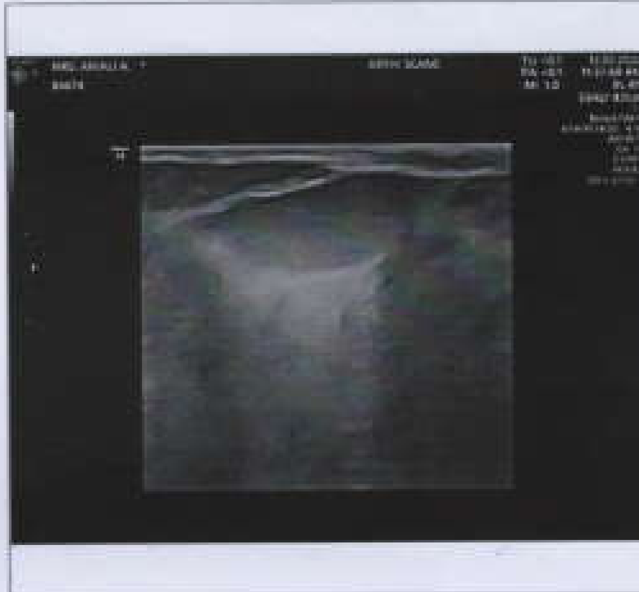
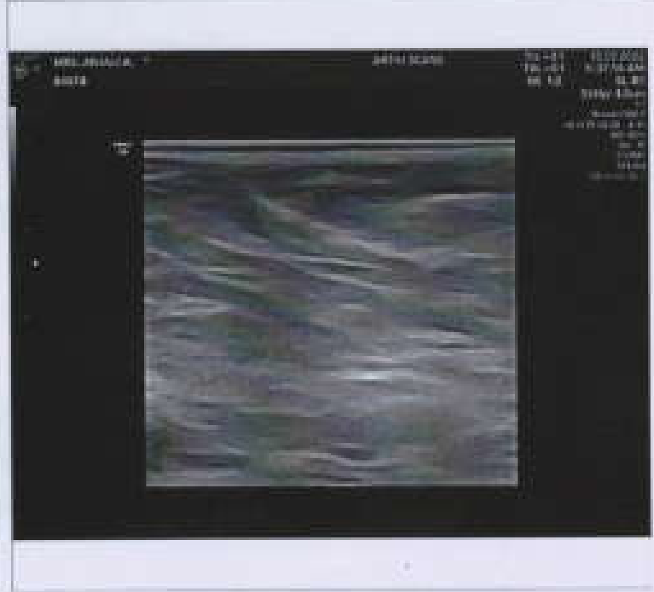
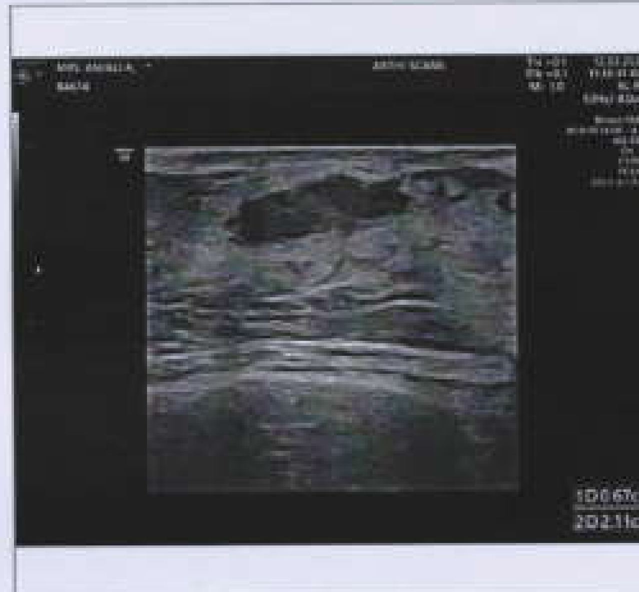
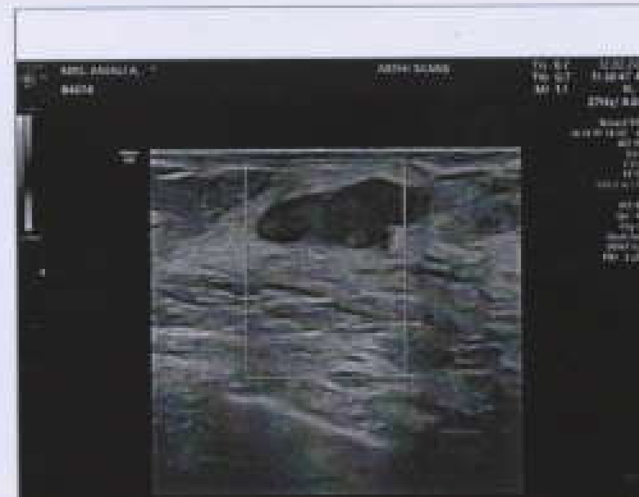
ABI SCANS AND LABS

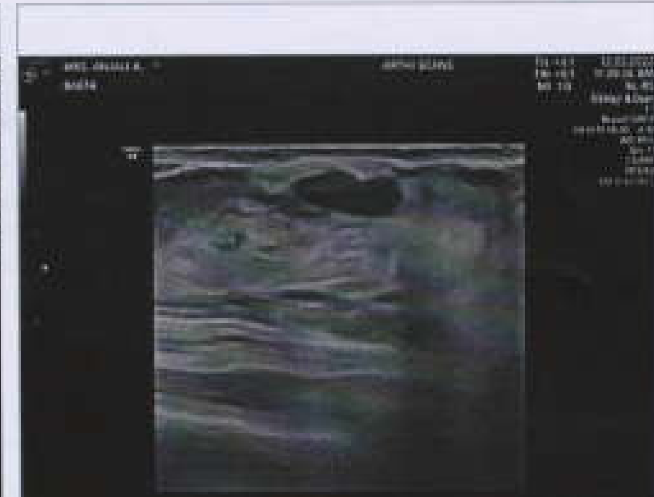
MRS. ANJALI A /F 84674 12-Feb-2022 09:33:50 AM

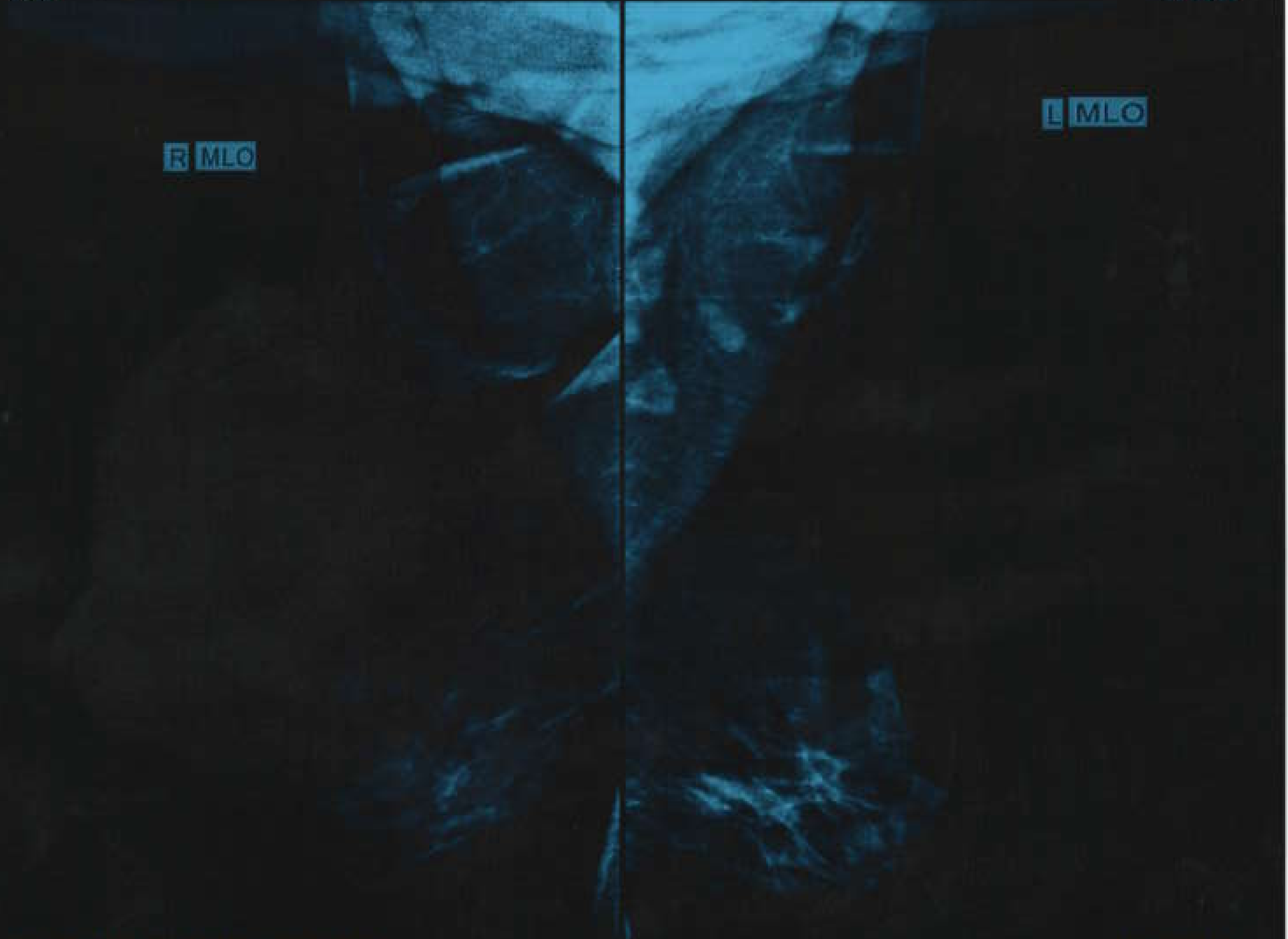












MRS. ANJALI A 41 Y
88007
12/02/2022
09:42:52
R MLO
L MLO
ARTHI CT AND MRI SCAN COIMBATORE
MEDIWHEEL

MRS. ANJALI A 41 Y.
12/02/2022
09:42:52
R CC
L CC
ARTHI CT AND MRI SCAN COIMBATORE
MEDIWHEEL

ABI SCANS & LABS

A unit of Aarthi Scans and Labs

Name	MRS.ANJALI A	Patient ID	88007
Accession No	84674	Age/Gender	41 Y / Female
Referred By	Dr.MEDIWHEEL	Date	12-Feb-2022

X-RAY - CHEST PA VIEW

OBSERVATION:

The trachea is central.

The mediastinal and cardiac silhoutte are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

Lung zones are clear.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

- **No significant abnormality seen.**

Dr.Abinaya.R MDRD.,
Consultant Radiologist

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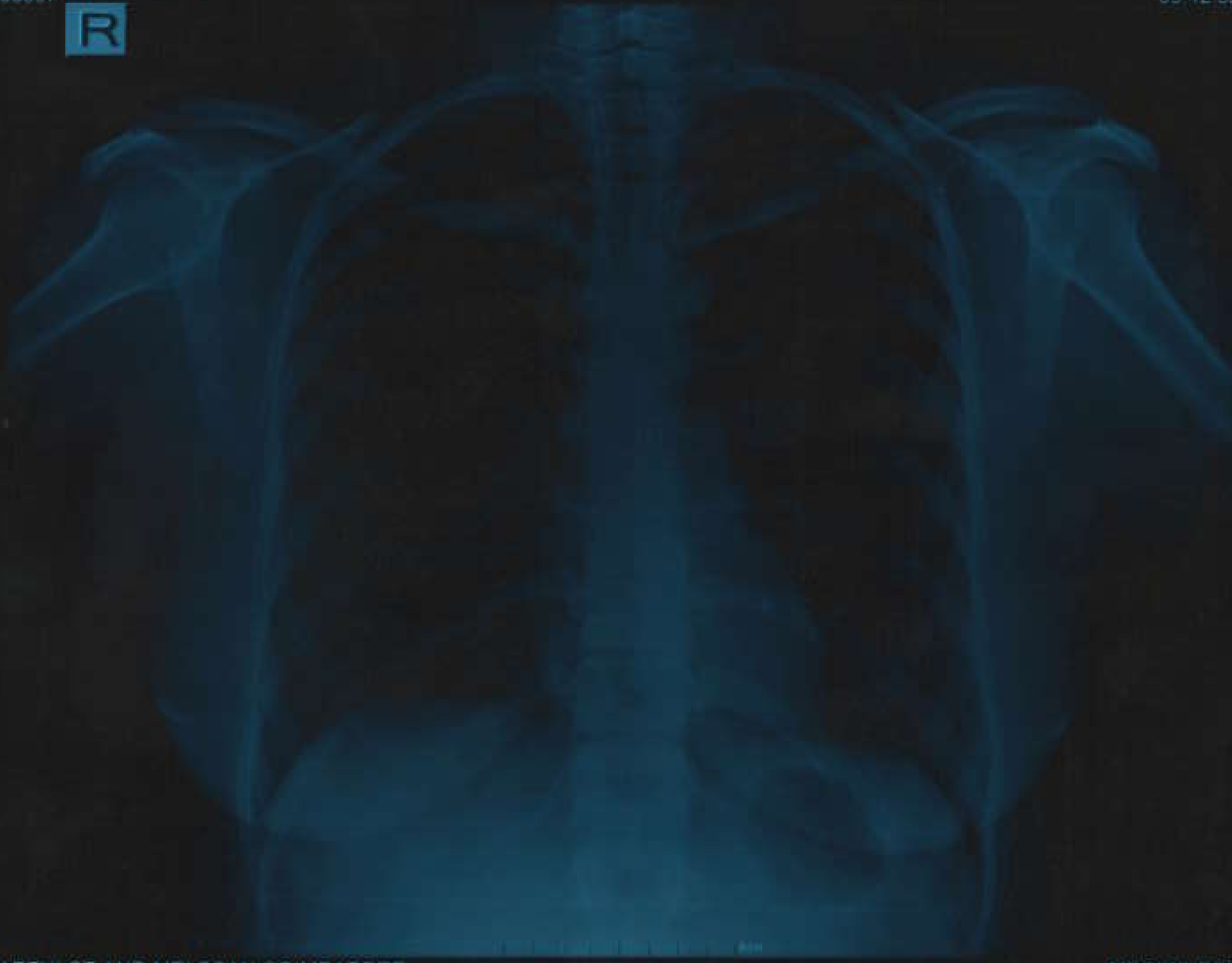
MRS. ANJALI A 41 Y
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12/02/2022
09:42:52
ARTHI CT AND MRI SCAN COIMBATORE
MEDIWHEEL

ABI SCANS & LABS

A unit of Aarthi Scans and Labs

NAME	MRS. ANJALI A	PATIENT ID	[illegible]
ACCESSION NO	88007	AGE/GENDER	41Y/FEMALE
REFERRED BY	MEDIWHEEL	DATE	12.02.2022

ECHOCARDIOGRAPHIC EVALUATION

MEASUREMENTS: ACOUSTIC WINDOW: OPTIMAL

2D/ M MODE PARAMETERS:

Parameters	Patient Values	Normal Adult Value
LA	2.56	(2.0 – 4.0 cm)
AO	2.44	(2.0 – 4.0 cm)
LVIDD	4.05	(3.5 – 5.5 cm)
LVIDS	2.09	(2.5 – 4.3 cm)
IVSd	0.67	(0.6 – 1.2 cm)
LVPWd	0.67	(0.6 – 1.2 cm)
EF	75	(50% - 70%)

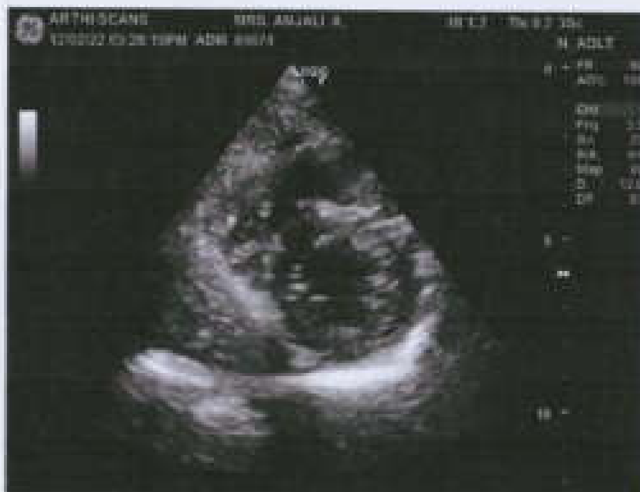
IMPRESSION:

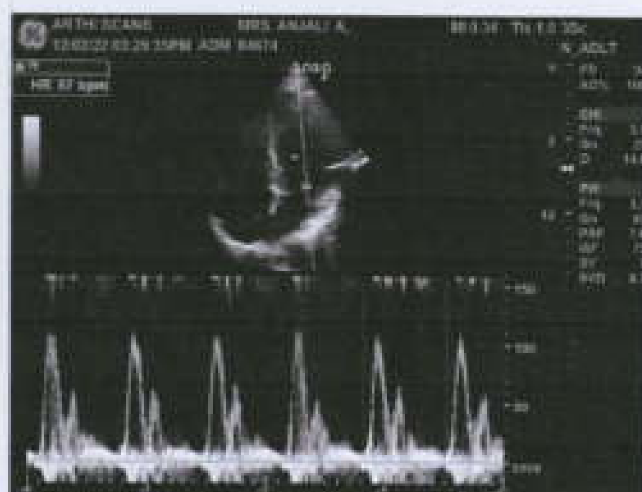
- No Regional Wall Motion Abnormality At Rest.
- Normal Valves And Chambers.
- Atrial Septal Aneurysm – Noshunt
- No Pulmonary Hypertension.
- No Pericardial Effusion.
- Normal Lv Systolic Function.

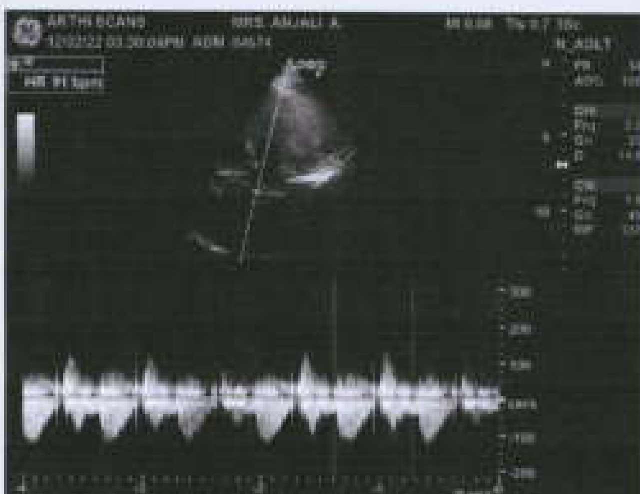
Dr. KARTHIK C.S.MD.,PGD(CARDIOLOGY,UKR)
CONSULTANT CARDIOLOGIST.

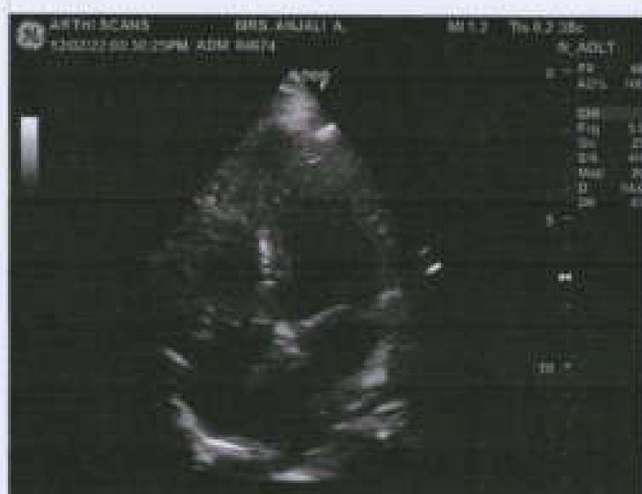
ABI SCANS

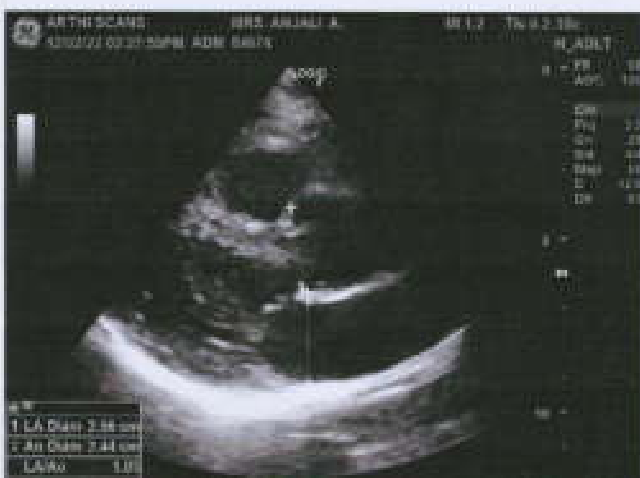
MRS. ANJALI A 41Y/F 84674 12-Feb-2022 02:32:31 PM Physician Name

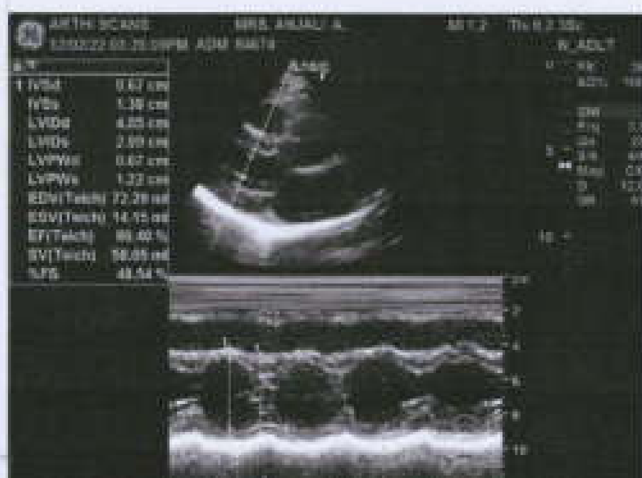












Aarthi CT and MRI Scans, R S Puram West

Age / Gender: 41/Female
Patient ID: 0000084674
Patient Name: MRS. ANJALI A

Date and Time: 12th Feb 22 12:00 PM

BP :- 130/80mmHg

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

tricog

AR: 74 bpm VR: 74 bpm QRSD: 92 ms QT: 368 ms QTc: 408 ms PRI: 154 ms P-R-T: 68° 71° 65°

Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia.Please correlate ally.

ABI SCANS & LABS

A unit of Aarthi Scans and Labs

NAME	MRS. ANJALI A	PATIENT ID	84674
ACCESSION NO	88007	AGE/GENDER	41Y/ FEMALE
REFERRED BY	MEDIWHEEL	DATE	12-FEB-2022

VISION TEST

VISUAL ACUITY (VA)

If The Acuity Can Be Measures, Complete This Box Using Snellen acuities or snellen equivalents or NLP,LP,HM, or distance at which the patient sees the 20/100 letter.

WITH BEST CORRECTION

DISTANCE VISION	
Right	10/11
Left	10/11
Both	10/11

NEAR VISION	
Right	N6
Left	N6
Both	N6

COLOUR VISION	
BOTH	Normal

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