

Name	E K Geeta	ID	MED111149015
Age & Gender	49Year(s)/FEMALE	Visit Date	6/11/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.3cms
LEFT ATRIUM	:	3.0cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.0cms
(SYSTOLE)	:	2.7cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.2cms
EDV	:	71ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	61%
EPSS	:	---
RVID	:	1.5cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.77 m/s	A' 0.60 m/s	NO MR
AORTIC VALVE	:	0.95 m/s		NO AR
TRICUSPID VALVE	:	E' 1.44 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.89 m/s		NO PR

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## **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 prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

## **IMPRESSION:**

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 61 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC**  
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST  
*Kss/vp*

### **Note:**

- \* **Report to be interpreted by qualified medical professional.**
- \* **To be correlated with other clinical findings.**
- \* **Parameters may be subjected to inter and intra observer variations.**

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11.06.2022 10:05:18  
CLUMAX DIAGNOSTICS  
THIPPASANDRA  
BANGALORE

73 bpm  
-- / -- mmHg

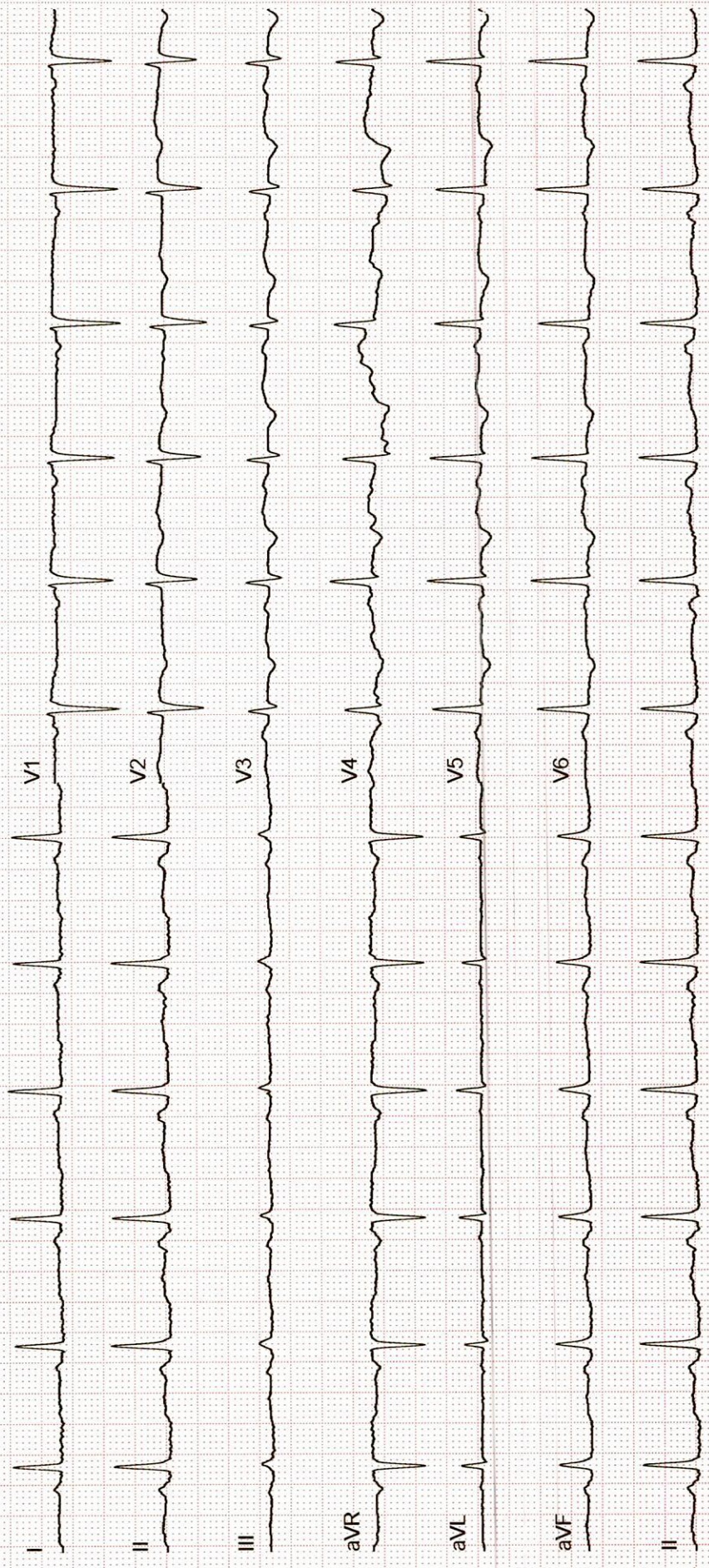


422007650-P  
MRS. E K GEETA (49Y/F)


↑ WZre mrenā V3V6  
Correlate  
cluzakky

QRS : 78 ms  
QT / QTcBaz : 386 / 425 ms  
PR : 166 ms  
P : 108 ms  
RR / PP : 826 / 821 ms  
P / QRS / T : 56 / 42 / 99 degrees

SUBRAMANI, K.S  
MD, DM (CARDIOLOGY)  
Consultant Cardiologist  
XMC REG No : 46604  
Clumax Diagnostic



**CLUMAX DIAGNOSTICS**

Complementary  
 Breakfast  
**MEDALL**

--- A MEDALL COMPANY ---

Date 11-Jun-2022 9:04 AM

Customer Name : **MRS.E K GEETA**

Ref Dr Name : **MediWheel**

Customer Id : **MED111149015**

Email Id :

Corp Name : **MediWheel**

Address :

DOB : **22 Jun 1972**

Age : **49Y/FEMALE**

Visit ID : **422047650**

Phone No : **9535165141**

*PR  
 up done  
 screening done*

*Hgt - 147  
 wt - 59.4  
 BP - 130/70 mm  
 Pulse - 75/nt*

Package Name : **Mediwheel Full Body Health Checkup Female Above 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	CREATININE				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				
15	LAB	PAP SMEAR BY LBC (LIQUID BASED				

*3rd floor*



ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

**Mahesh**  
Mob: 8618385220  
9901569756

# SRI PARVATHI OPTICS

Multi Branded Optical Store

## Computerized Eye Testing & Spectacles Clinic

# 333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage  
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,  
Email: parvathiopticals@gmail.com

### SPECTACLE PRESCRIPTION

Name: *L.K. Geetha*

No. **671**

Mobil No: *9535165141*

Date: *11/06/22*

Age / Gender *49 / F*

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	<i>Plano</i>			<i>6/6</i>	<i>Plano</i>			<i>6/6</i>
NEAR	<i>ADD</i>	<i>+1.75</i>	<i>BE</i>	<i>W6</i>				<i>N6</i>

PD

Advice to use glasses for:

DISTANCE  FAR & NEAR  READING  COMPUTER PURPOSE

We Care Your Eyes

**SRI PARVATHI OPTICS**

NEW THIPPASANDRA

Name	E K Geeta	ID	MED111149015
Age & Gender	49Year(s)/FEMALE	Visit Date	6/11/2022 12:00:00 AM
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**X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.**

**MAMMOGRAPHY OF BOTH BREASTS**

Both breasts show symmetrical fibro fatty tissue.

No evidence of focal soft tissue lesion.

**Macro calcification is noted on the right side.**

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

**SONOMAMMOGRAPHY OF BOTH BREASTS**

**Both breasts show normal echopattern.**

**No evidence of focal solid / cystic areas in either breast.**

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

**IMPRESSION:**

➤ **NO SIGNIFICANT ABNORMALITY.**

**ASSESSMENT: BI-RADS CATEGORY -2**

**DR. H.K. ANAND**  
CONSULTANT RADIOLOGISTS  
*A/da*

**DR. APARNA**

**BI-RADS CLASSIFICATION**

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation
1	Negative. Routine mammogram in 1 year recommended.
2	<b>Benign finding. Routine mammogram in 1 year recommended.</b>
3	Probably benign finding. Short interval follow-up suggested.
4	Suspicious. Biopsy should be considered.
5	Highly suggestive of malignancy. Appropriate action should be taken.

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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** shows 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** shows 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** shows 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. No evidence of calculus or hydronephrosis.

**The kidney measures as follows:**

	Bipolar length (cms)	Parenchymal thickness (cms)
<b>Right Kidney</b>	<b>10.1</b>	<b>1.3</b>
<b>Left Kidney</b>	<b>9.7</b>	<b>1.6</b>

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

**UTERUS** is anteverted and normal in size. It has uniform myometrial echopattern.

**Endometrial thickness measures 4mm**

**Uterus measures as follows: LS: 6.6cms      AP: 3.7cms      TS: 5.8cms.**

**OVARIES** are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 2.8 x 1.7cms      **Left ovary:** 3.0 x 1.8cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

**IMPRESSION:**

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

**DR. H.K. ANAND**  
**CONSULTANT RADIOLOGISTS:**

**DR. APARNA**

*A/da*

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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.

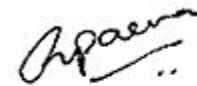
#### **IMPRESSION:**

**No significant abnormality detected.**

**DR. H.K. ANAND**

**DR. SHWETHA S**

**DR. CHARUL**



**DR. APARNA**

**CONSULTANT RADIOLOGISTS**

Name : Mrs. E K Geeta  
PID No. : MED111149015  
SID No. : 422047650  
Age / Sex : 49 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 11/06/2022 9:04 AM  
Collection On : 11/06/2022 9:18 AM  
Report On : 11/06/2022 7:28 PM  
Printed On : 21/06/2022 9:20 AM


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.4	%	37 - 47
RBC Count (EDTA Blood)	4.31	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	91.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.8	%	11.5 - 16.0
RDW-SD (EDTA Blood)	<b>47.35</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	69.7	%	40 - 75
Lymphocytes (EDTA Blood)	21.7	%	20 - 45
Eosinophils (EDTA Blood)	2.1	%	01 - 06

  
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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Monocytes (EDTA Blood)	5.3	%	01 - 10
Basophils (Blood)	1.2	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	6.27	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.95	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.19	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.48	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.11	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	289	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	7.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	11	mm/hr	< 20

  
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**BIOCHEMISTRY**


**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.41	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.47	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.92	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	33.77	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	69.0	U/L	42 - 98
Total Protein (Serum/Biuret)	7.20	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.72	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.48	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.90		1.1 - 2.2



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

**VERIFIED BY**



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 MD PATHOLOGY  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	161.89	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>166.44</b>	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)	<b>37.46</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	91.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	33.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	124.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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**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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4		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>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.2	%	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 %

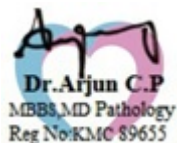
Estimated Average Glucose      102.54      mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

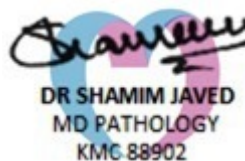
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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)	1.07	ng/ml	0.7 - 2.04
--	------	-------	------------

**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)	8.76	µg/dl	4.2 - 12.0
--	------	-------	------------

**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)	2.67	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

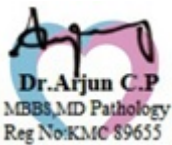
(Indian Thyroid Society Guidelines)

**Comment :**

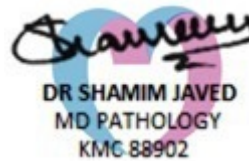
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**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)	1.007	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



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

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mrs. E K Geeta  
PID No. : MED111149015  
SID No. : 422047650  
Age / Sex : 49 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 11/06/2022 9:04 AM  
Collection On : 11/06/2022 9:18 AM  
Report On : 11/06/2022 7:28 PM  
Printed On : 21/06/2022 9:20 AM

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	<b>1-2</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-2</b>	/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**  
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<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)	'O' Positive'		
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Dr SURAJ JAIN  
Consultant Pathologist  
Reg No : 80423

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	10.43		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.17	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.

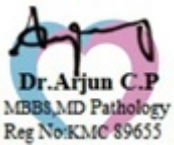
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	94.15	mg/dL	70 - 140

**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.

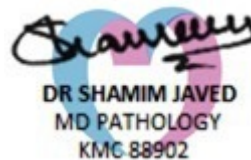
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.69	mg/dL	0.6 - 1.1

**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)	4.20	mg/dL	2.6 - 6.0
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VERIFIED BY



APPROVED BY

-- End of Report --