

Name	SHARMA DEEPTHI	ID	MED111089118
Age & Gender	48Year(s)/FEMALE	Visit Date	5/16/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.5cms
LEFT ATRIUM	:	2.7cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	3.6cms
(SYSTOLE)	:	2.4cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
EDV	:	53ml
ESV	:	20ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	1.8cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.59 m/s	A' 0.71 m/s	NO MR
AORTIC VALVE	:	1.19 m/s		NO AR
TRICUSPID VALVE	:	E' 1.52 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.77 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:

- **LV DIASTOLIC DYSFUNCTION**
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF:62 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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

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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.**

CLUMAX DIAGNOSTICS



--- A MEDALL COMPANY ---

Date 16-May-2022 7:31 AM

Customer Name : **MRS.SHARMA DEEPTHI**DOB : **26 Mar 1974**Ref Dr Name : **MediWheel**Age : **48Y/FEMALE**Customer Id : **MED111089118**

Visit ID : 422042354

Email Id :

Phone No : **9886455451**

Corp Name : MediWheel

Address :

211 - 152.
 cur 66.5
 130 - 130/80
 Plus - 80

COMPLEMENTARY
 BREAK FAST

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	[P]			Not Req
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)	[P]			Not Req
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE	[P]			Not Req
15	LAB	PAP SMEAR BY LBC				

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BILATERAL SONOMAMMOGRAPHY

Both the breasts show diffuse fibrocystic changes.

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

Retroareolar region is normal on either side.

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

IMPRESSION:

➤ **BILATERAL FIBROCYSTIC CHANGES.**

DR. H.K. ANAND
CONSULTANT RADIOLOGISTS

Ms/vp

DR.MEERA.S

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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. Spleen measures 9.2cms in long axis and 3.6cms in short axis.
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)
Right Kidney	9.2	1.0
Left Kidney	9.6	1.2

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

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

Endometrial thickness measures 7mm.

IUCD is seen displaced into the lower uterine cavity extending into the cervical canal.

Uterus measures as follows: LS: 8.1cms AP: 4.3cms TS: 5.1cms.

Few small nabothian cysts are noted in the cervix.

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

Ovaries measure as follows: **Right ovary:** 2.7 x 1.5cms **Left ovary:** 2.5 x 1.2cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

- **DISPLACED IUCD INTO THE LOWER UTERINE CAVITY.**

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DR. H.K. ANAND
CONSULTANT RADIOLOGISTS

MS/vp

DR. MEERA S

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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.

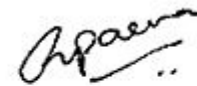
IMPRESSION:

No significant abnormality detected.

DR. H.K. ANAND

DR. SHWETHA S

DR. CHARUL



DR. APARNA

CONSULTANT RADIOLOGISTS

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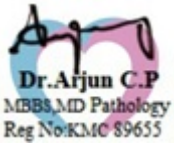
Register On : 16/05/2022 7:33 AM
Collection On : 16/05/2022 8:01 AM
Report On : 17/05/2022 2:55 PM
Printed On : 19/05/2022 1:01 PM

<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)	12.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.2	%	37 - 47
RBC Count (EDTA Blood)	5.11	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	78.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	24.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	31.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	18.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	49.58	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	63.6	%	40 - 75
Lymphocytes (EDTA Blood)	27.5	%	20 - 45
Eosinophils (EDTA Blood)	2.6	%	01 - 06



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Monocytes (EDTA Blood)	5.3	%	01 - 10
Basophils (Blood)	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	5.66	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.45	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.23	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.47	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.09	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	307	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	9.6	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	16	mm/hr	< 20



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

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MD PATHOLOGY
KMC 88902

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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.22	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	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)	20.35	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.68	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	33.54	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	108.7	U/L	42 - 98
Total Protein (Serum/Biuret)	7.41	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.45	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.96	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.50		1.1 - 2.2


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	172.34	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	101.12	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)	50.41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	101.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	121.9	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)	3.4		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)	2		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		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	0.851	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)	7.11	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)	4.76	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.



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION(STOOL COMPLETE)


Mucus (Stool)	Absent		Absent
Consistency (Stool)	Solid		Semi Solid to Solid
Colour (Stool)	Brownish		Brown
Blood (Stool)	Absent		Absent

MICROSCOPIC EXAMINATION(STOOL COMPLETE)

Ova (Stool)	Nil		NIL
Cysts (Stool)	Nil		NIL
Trophozoites (Stool)	Nil		NIL
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	0-2	/hpf	NIL
Others (Stool)	Nil		


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


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<u>CHEMICAL EXAMINATION(STOOL ROUTINE)</u>			
Reaction (Stool)	Alkaline		Alkaline
Reducing Substances (Stool/Benedict's)	Negative		Negative



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<u>IMMUNOHAEMATOLOGY</u>			
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Negative'		



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	10.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.54	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 Postprandial (PPBS) (Plasma - PP/GOD-PAP)	137.28	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.06	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.32	mg/dL	2.6 - 6.0
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-- End of Report --