

Name : Mrs. NEERU ARORA

PID No. : MED111966863

Register On : 25/11/2023 8:18 AM

SID No. : 923040666

Collection On : 25/11/2023 8:34 AM

Age / Sex : 44 Year(s) / Female

Report On : 26/11/2023 12:18 PM

Type : OP

Printed On : 28/11/2023 7:48 AM

Ref. Dr : MediWheel

<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)	12.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	37.0	%	37 - 47
RBC Count (EDTA Blood)	4.52	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	82.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	26.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	41.90	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	51.8	%	40 - 75
Lymphocytes (EDTA Blood)	37.4	%	20 - 45
Eosinophils (EDTA Blood)	2.2	%	01 - 06
Monocytes (EDTA Blood)	8.1	%	01 - 10



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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Basophils (EDTA Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.00	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.17	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.13	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)	0.03	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	374	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	6.9	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	33	mm/hr	< 20



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.27	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.64	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	27.94	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.32	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	84.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.18	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.14	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.04	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.36		1.1 - 2.2



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	220.76	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	84.18	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)	48.29	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	155.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	172.5	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.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.6		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)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.2		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)	5.5	%	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 111.15 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 glyemic 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)	1.17	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)	9.20	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)	2.56	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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BIOCHEMISTRY

BUN / Creatinine Ratio	24.31		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.05	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)	99.40	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	14.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.58	mg/dL	0.6 - 1.1
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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)	3.76	mg/dL	2.6 - 6.0
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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'



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***PAP Smear by LBC(Liquid based Cytology)**

PAP Smear by LBC(Liquid based Cytology)

Nature of Specimen: Cervical smear.

Lab NO : GC-2371/23.

Specimen type : Liquid based preparation.

Specimen adequacy : Satisfactory for evaluation .

Endocervical / Transformation zone cells : Absent.

General categorization : Within normal limits.

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

INTERPRETATION : Negative for intraepithelial lesion or malignancy.



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2D ECHOCARDIOGRAPHY

Chambers

- Left ventricle : normal in size, No RWMA at Rest.
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

Septa

- IVS : Intact
- IAS : Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal, trace TR, No PAH
- Aortic valve : Tricuspid, Normal Mobility
- Pulmonary Valve : Normal

Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal

Pericardium : Normal

Doppler Echocardiography

Mitral valve	E	0.73	m/sec	A	0.54	m/sec	E/a: 1.35
Aortic Valve	V max	1.51	m/sec	PG	9.2	mm	
Diastolic Dysfunction				NONE			



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M – Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	26	26-36	Mm
Left Atrium	28	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	45	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	27	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

IMPRESSION:

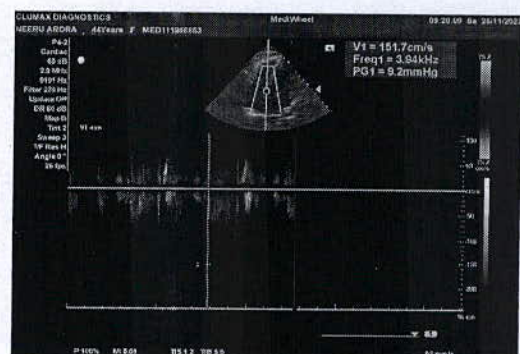
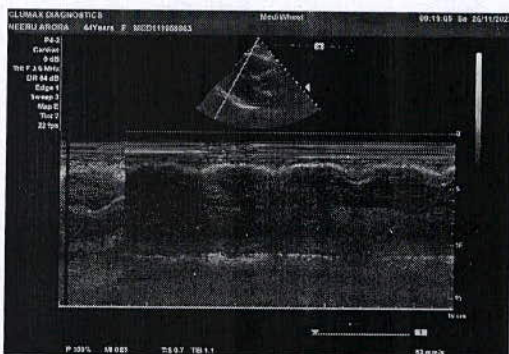
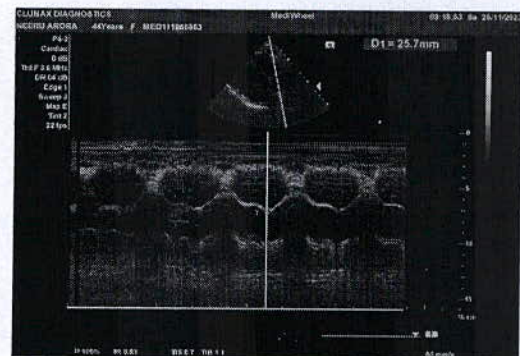
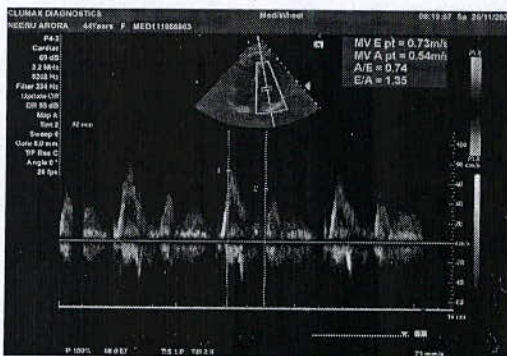
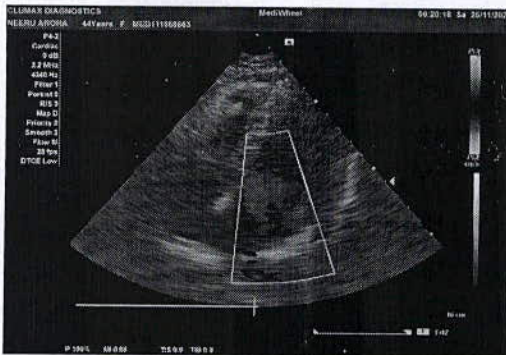
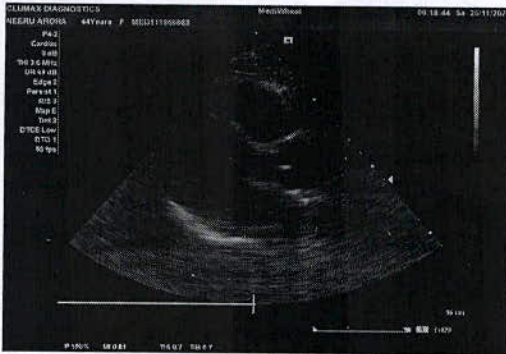
- NORMAL SIZED CARDIAC VALVES AND CHAMBERS
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.



DR RAMNARESH SOUDRI
MD DM (CARDIOLOGY) FSCAI
INTERVENTIONAL CARDIOLOGIST
Rs/ s



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44 Years Female

QRS : 76 ms
QT / QTcBaz : 420 / 429 ms
PR : 130 ms
P : 62 ms
RR / PP : 952 / 952 ms
P / QRS / T : 15 / 14 / 27 degrees

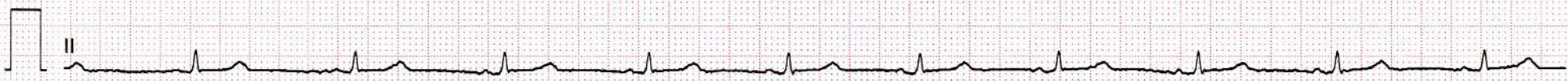
Technician: MEGHA
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:



(Needs Clinical Correlation
for further Management)

(N) Ardy

Raus
Dr. Ramnaresh Soudri
MD, DM (Cardiology) FSCAI
Interventional Cardiologist
KMC Reg. No: 81603



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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS visualized portion of head and body appear normal.
Tail is obscured by bowel gas.

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.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.2	1.2
Left Kidney	8.9	1.2

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

UTERUS is anteverted and has normal shape and size.
It has uniform myometrial echopattern.
Endometrial echo is of normal thickness – 10.7mms.
Cervix appears bulky and heterogeneous
Uterus measures as follows:
LS: 7.7cms AP: 3.7cms TS: 4.7cms.

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OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.7 x 1.7cms.

Left ovary: 2.9 x 2.3cms.

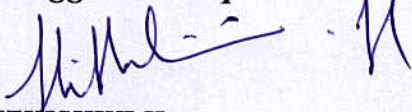
POD & adnexa are free.

No evidence of ascites.

Impression:

- *Grade I fatty change in the liver.*
- *Bulky and heterogeneous cervix.*

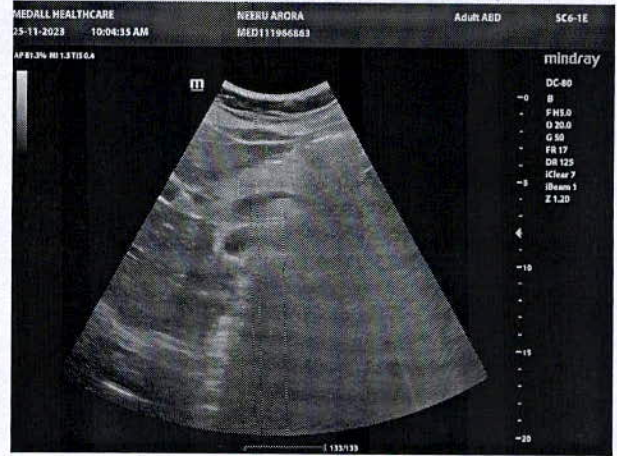
Suggested: Papsmear correlation



DR. HITHISHINI H
CONSULTANT RADIOLOGIST
Hh/pu



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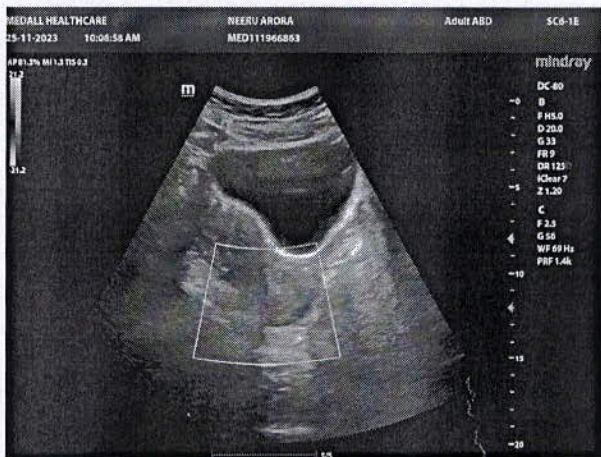
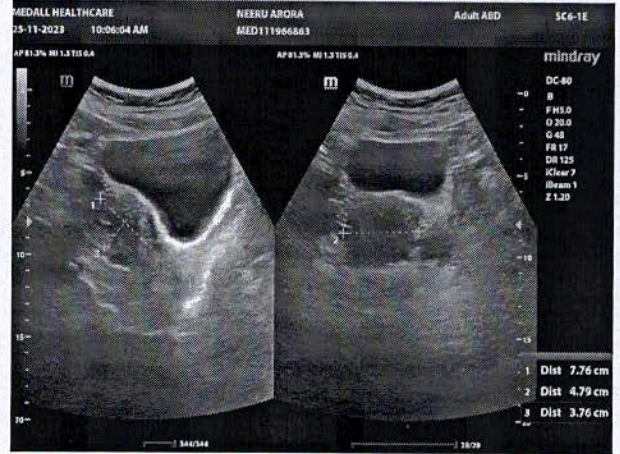


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