**Name** : **Ms. NETHRAVATHI M**

**PID No.** : MED111039239

**SID No.** : 422027620

**Age / Sex** : 34 Year(s) / Female

**Type** : OP

**Ref. Dr** : **MediWheel**

**Register On** : 30/03/2022 9:44 AM

**Collection On** : 30/03/2022 10:55 AM

**Report On** : 31/03/2022 6:32 AM

**Printed On** : 02/04/2022 12:54 PM

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **HAEMATOLOGY** | | | |
| ***Complete Blood Count With - ESR*** | | | |
| Haemoglobin (EDTA Blood/*Spectrophotometry*) | **11.2** | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance*) | **36.4** | % | 37 - 47 |
| RBC Count (EDTA Blood/*Impedance Variation*) | 4.82 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance*) | **76.0** | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance*) | **23.3** | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance*) | **30.8** | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/*Derived from Impedance*) | **17.2** | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/*Derived from Impedance*) | **45.75** | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation*) | 9700 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 51.6 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 36.5 | % | 20 - 45 |

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Reg No : 99049
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KMC 88902
**APPROVED BY**

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| Investigation | Observed Value | Unit | Biological Reference Interval |
| --- | --- | --- | --- |
| Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 5.5 | % | 01 - 06 |
| Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 5.8 | % | 01 - 10 |
| Basophils (Blood/*Impedance Variation & Flow Cytometry*) | 0.6 | % | 00 - 02 |
| Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 5.01 | 10^3 / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 3.54 | 10^3 / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry*) | **0.53** | 10^3 / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 0.56 | 10^3 / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*) | 0.06 | 10^3 / µl | < 0.2 |
| Platelet Count (EDTA Blood/*Impedance Variation*) | **514** | 10^3 / µl | 150 - 450 |
| MPV (EDTA Blood/*Derived from Impedance*) | **6.9** | fL | 8.0 - 13.3 |
| PCT (EDTA Blood/*Automated Blood cell Counter*) | **0.35** | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/*Modified Westergren*) | 12 | mm/hr | < 20 |

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **BIOCHEMISTRY** | | | |
| ***Liver Function Test*** | | | |
| Bilirubin(Total) (Serum/*Diazotized Sulfanilic Acid*) | 0.3 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*) | 0.2 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/*Derived*) | 0.1 | mg/dL | 0.1 - 1.0 |
| Total Protein (Serum/*Biuret*) | 7.6 | gm/dL | 6.0 - 8.0 |
| Albumin (Serum/*Bromocresol green*) | 4.4 | gm/dL | 3.5 - 5.2 |
| Globulin (Serum/*Derived*) | 3.2 | gm/dL | 2.3 - 3.6 |
| A : G Ratio (Serum/*Derived*) | 1.4 | | 1.1 - 2.2 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC Kinetic*) | 17 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic*) | 14 | U/L | 5 - 41 |
| Alkaline Phosphatase (SAP) (Serum/*IFCC Kinetic*) | 85 | U/L | 42 - 98 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/*SZASZ standarised IFCC*) | 31 | U/L | < 38 |

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*The results pertain to sample tested.*

| | | | | |
|---|---|---|---|---|
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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **_Lipid Profile_** | | | |
| Cholesterol Total <br>(Serum/_Cholesterol oxidase/Peroxidase_) | **220** | mg/dL | Optimal: < 200 <br>Borderline: 200 - 239 <br>High Risk: >= 240 |
| Triglycerides <br>(Serum/_Glycerol phosphate oxidase / peroxidase_) | 141 | mg/dL | Optimal: < 150 <br>Borderline: 150 - 199 <br>High: 200 - 499 <br>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.

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| HDL Cholesterol <br>(Serum/_Immunoinhibition_) | **54** | mg/dL | Optimal(Negative Risk Factor): >= 60 <br>Borderline: 50 - 59 <br>High Risk: < 50 |
| LDL Cholesterol <br>(Serum/_Calculated_) | **137.8** | mg/dL | Optimal: < 100 <br>Above Optimal: 100 - 129 <br>Borderline: 130 - 159 <br>High: 160 - 189 <br>Very High: >= 190 |
| VLDL Cholesterol <br>(Serum/_Calculated_) | 28.2 | mg/dL | < 30 |
| Non HDL Cholesterol <br>(Serum/_Calculated_) | 166.0 | mg/dL | Optimal: < 130 <br>Above Optimal: 130 - 159 <br>Borderline High: 160 - 189 <br>High: 190 - 219 <br>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.

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)* | 4.1 | | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated)* | 2.6 | | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/*Calculated)* | 2.6 | | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| ***Glycosylated Haemoglobin (HbA1c)*** | | | |
| HbA1C (Whole Blood/*HPLC*) | **6.1** | % | 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 (Whole Blood*)* | 128.37 | mg/dL |

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

## IMMUNOASSAY

### THYROID PROFILE / TFT

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| T3 (Triiodothyronine) - Total (Serum/*CMIA)* | 1.60 | 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 (Thyroxine) - Total (Serum/*CMIA)* | 9.80 | 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/*Chemiluminescent Microparticle Immunoassay(CMIA))* | 2.03 | µIU/mL | 0.35 - 5.50 |

**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*

| | | | |
|---|---|---|---|
| Colour (Urine) | Pale Yellow | | |
| Appearance (Urine) | Clear | | Clear |
| Volume (Urine) | 15 | mL | |

### *CHEMICAL EXAMINATION(Automated-Urineanalyser)*

| | | | |
|---|---|---|---|
| pH (Urine/*AUTOMATED URINANALYSER*) | 6.0 | | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.020 | | 1.002 - 1.035 |
| Ketones (Urine) | Negative | | Negative |
| Urobilinogen (Urine/*AUTOMATED URINANALYSER*) | 0.2 | | 0.2 - 1.0 |
| Blood (Urine/*AUTOMATED URINANALYSER*) | Negative | | Negative |
| Nitrite (Urine/*AUTOMATED URINANALYSER*) | Negative | | Negative |
| Bilirubin (Urine/*AUTOMATED URINANALYSER*) | Negative | | Negative |
| Protein (Urine) | Negative | | Negative |
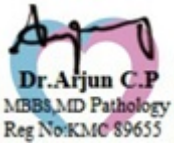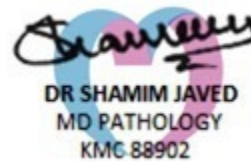
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Reg No:KMC 89655

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MD PATHOLOGY
KMC 88902

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|
| Glucose (Urine) | Negative | | Negative |
| Leukocytes (Urine) | Negative | leuco/uL | Negative |

**MICROSCOPY(URINE DEPOSITS)**

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|
| Pus Cells (Urine/*Flow cytometry*) | 2-3 | /hpf | 3-5 |
| Epithelial Cells (Urine) | 2-3 | /hpf | 1-2 |
| RBCs (Urine/*Flow cytometry*) | Nil | /hpf | NIL |
| Others (Urine) | Nil | | Nil |
| Casts (Urine/*Flow cytometry*) | Nil | /hpf | 0 - 1 |
| Crystals (Urine) | Nil | | NIL |
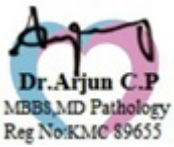
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*The results pertain to sample tested.*

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## IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING       'B' 'Positive'
(EDTA Blood/*Agglutination)*

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**MEDALL**

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|

## BIOCHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|
| BUN / Creatinine Ratio | 13 | | 6 - 22 |
| Glucose Fasting (FBS)<br>(Plasma - F/*GOD - POD)* | 80 | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>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<br>(Urine - F*)* | Negative | | Negative |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/*GOD - POD)* | 128 | 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.

| | | | |
|---|---|---|---|
| Glucose Postprandial - Urine<br>(Urine - PP*)* | Negative | | Negative |
| Blood Urea Nitrogen (BUN)<br>(Serum/*Urease-GLDH)* | 8 | mg/dL | 7.0 - 21 |
| Creatinine<br>(Serum/*Jaffe Kinetic)* | 0.6 | 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<br>(Serum/*Uricase/Peroxidase)* | **7.1** | mg/dL | 2.6 - 6.0 |

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-- End of Report --

# 2 D ECHOCARDIOGRAPHIC STUDY

## M mode measurement:

| | | |
|---|---|---|
| AORTA | | : 2.0cms |
| LEFT ATRIUM | | : 2.8cms |
| AVS | | : ---- |
| LEFT VENTRICLE | (DIASTOLE) | : 4.4cms |
| | (SYSTOLE) | : 2.9cms |
| VENTRICULAR SEPTUM | (DIASTOLE) | : 0.9cms |
| | (SYSTOLE) | : 1.2cms |
| POSTERIOR WALL | (DIASTOLE) | : 0.9cms |
| | (SYSTOLE) | : 1.3cms |
| EDV | | : 87ml |
| ESV | | : 31ml |
| FRACTIONAL SHORTENING | | : 35% |
| EJECTION FRACTION | | : 64% |
| EPSS | | : --- |
| RVID | | : 1.6cms |

## DOPPLER MEASUREMENTS:

| | | | |
|---|---|---|---|
| MITRAL VALVE | : E' 0.92 m/s | A' 0.60 m/s | NO MR |
| AORTIC VALVE | : 1.25 m/s | | NO AR |
| TRICUSPID VALVE | : E' 2.13 m/s | A' - m/s | NO TR |
| PULMONARY VALVE | : 0.97 m/s | | NO PR |

**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:64 %.**
- **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

| Name | NETHRAVATHI M | ID | MED111039239 |
|------|---------------|-----|--------------|
| Age & Gender | 34/FeMale | Visit Date | 30-03-2022 00:00:00 |
| Ref Doctor Name | MediWheel | | |

**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.**

| Name | NETHRAVATHI M | ID | MED111039239 |
|---|---|---|---|
| Age & Gender | 34/FeMale | Visit Date | 30-03-2022 00:00:00 |
| Ref Doctor Name | MediWheel | | |

## ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER: is normal in size. A large predominantly hyperechoic lesion measuring about 5.3 x 6.5cms is noted in the right lobe sub-diaphragmatically. Two predominantly hypoechoic lesions are noted, one each in the right lobe superiorly (measuring about 4.2 x 4.6cms) and in the left lobe (measuring about 3.6 x 2.7cms).**
No evidence of 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 8.6cms in long axis and 3.5cms 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** | 9.6 | 1.2 |
| **Left Kidney** | 11.8 | 1.3 |

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

**UTERUS is anteverted and mildly retroflexed**, normal in size.  It has uniform myometrial echopattern. **Endometrial thickness measures 9mm**
**Uterus measures as follows: LS: 8.4cms      AP: 5.2cms      TS: 5.8cms.**

**OVARIES** are normal in size, shape and echotexture. No focal lesion seen.
Ovaries measure as follows: **Right ovary**: 3.7 x 1.9cms          **Left ovary**: 3.6 x 2.2cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

## IMPRESSION:

➢ **WELL DEFINED LESIONS IN BOTH LOBES OF THE LIVER AS DESCRIBED SUGGEST**

**HEMANGIOMAS.**

DR. H.K. ANAND                                              DR. MEERA S
CONSULTANT RADIOLOGISTS
MS/vp

| Name | NETHRAVATHI M | ID | MED111039239 |
|---|---|---|---|
| Age & Gender | 34/FeMale | Visit Date | 30-03-2022 00:00:00 |
| Ref Doctor Name | 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.*