

Name	Mrs. SHRUTI MAMAKESHWAR	Customer ID	MED111826548
Age & Gender	30Y/F	Visit Date	Sep 9 2023 9:09AM
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. Hemanandini**  
**Consultant Radiologist**

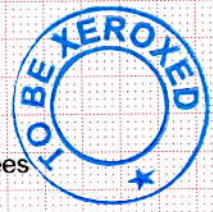




30 Years

Female

QRS :	82 ms
QT / QTcBaz :	412 / 444 ms
PR :	146 ms
P :	100 ms
RR / PP :	856 / 857 ms
P / QRS / T :	21 / 53 / 13 degrees

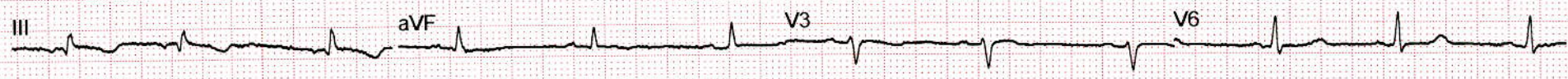
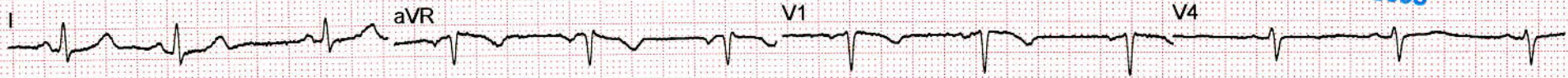


Technician: sonu  
Ordering Ph:  
Referring Ph: MEDIWHEEL  
Attending Ph:

(Needs Clinical Correlation  
for further Management)

*Twelve Derivations*  
*(W) Hadry*

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





Name	MRS.SHRUTI MAMAKESHWAR	ID	MED111826548
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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** show 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** 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	9.0	1.4
Left Kidney	8.9	1.4

**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 – 5.0mms.  
Uterus measures as follows:  
LS: 7.6cms      AP: 3.0cms      TS: 4.1cms.

..2





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:2:

### OVARIES

Right ovary is normal in size

Left ovary is bulky in size

Both ovaries show central echogenic stroma with multiple tiny peripherally arranged follicles suggestive of polycystic morphology

Ovaries measures as follows:

Right ovary: 2.7 x 1.4 x 2.4cms, vol-4.7cc

Left ovary:

POD & adnexa are free.

No evidence of ascites.

### Impression:

- *Left polycystic ovarian morphology.*

**\*\* Sugg: Clinical correlation with hormonal assay.**

- *Grade I fatty change in the liver.*

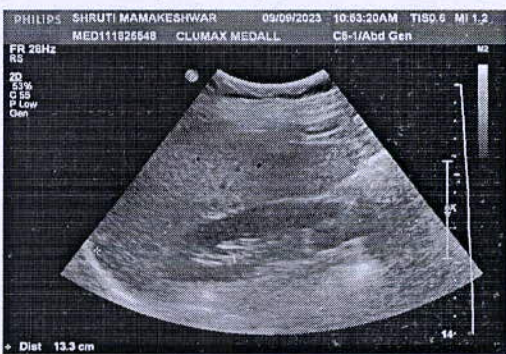
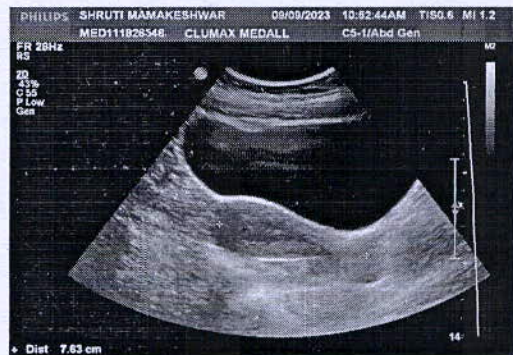
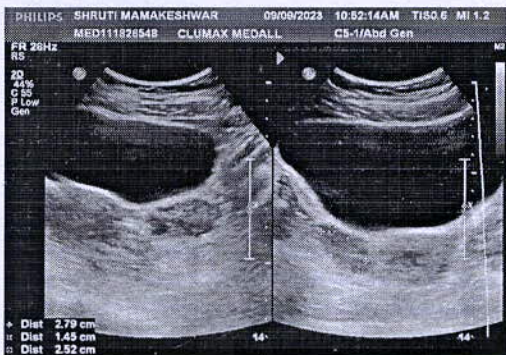
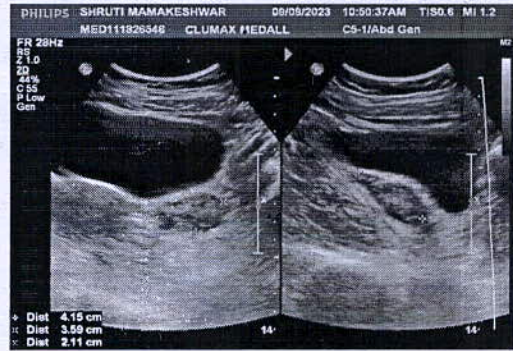


**DR. HARSHITH GOWDA.K.B**  
**CONSULTANT RADIOLOGIST**  
Hg/pu





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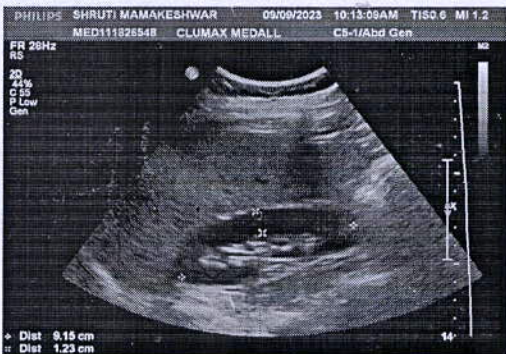
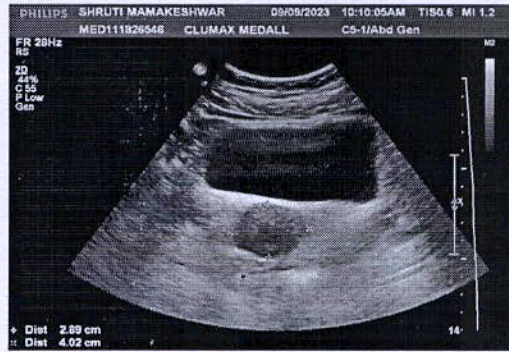
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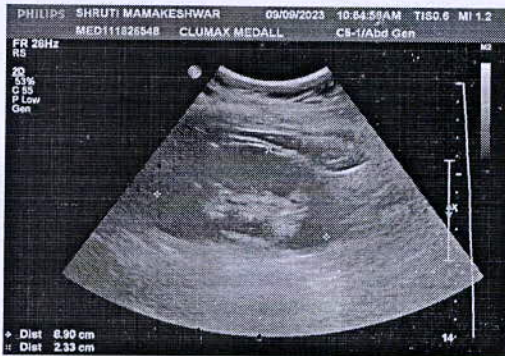
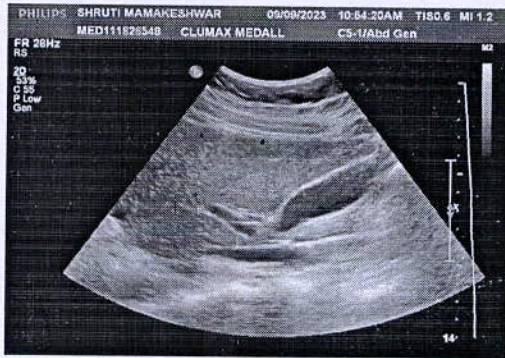
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## 2D ECHOCARDIOGRAPHY

### 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 Artery : Normal

### Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal

**Pericardium** : Normal

### Doppler Echocardiography

<b>Mitral valve</b>	E	0.83	m/sec	A	0.74	m/sec	E/a:1.12
<b>Aortic Valve</b>	V max	1.32	m/sec	PG	7.0	mm	
Diastolic Dysfunction				<b>NONE</b>			





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**M – Mode Measurement**

Parameter	Observed Valve	Normal Range	
Aorta	25	26-36	Mm
Left Atrium	27	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	44	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	25	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.

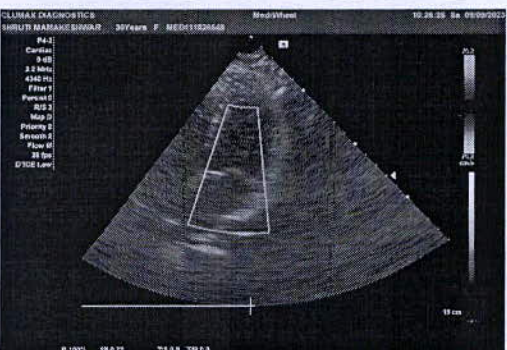
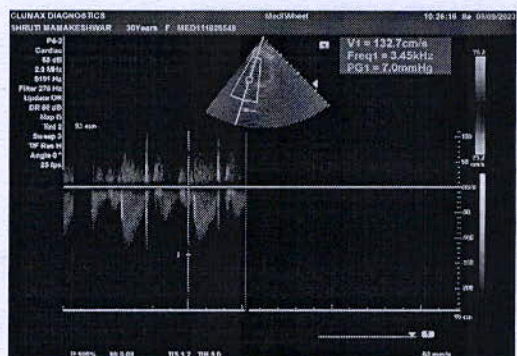
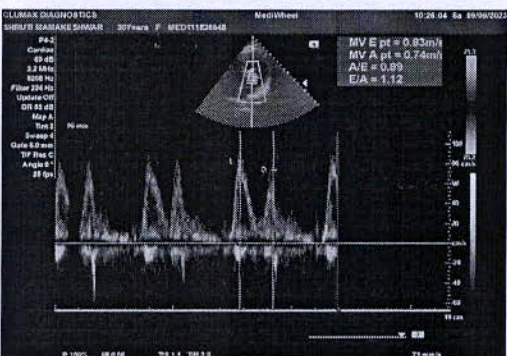
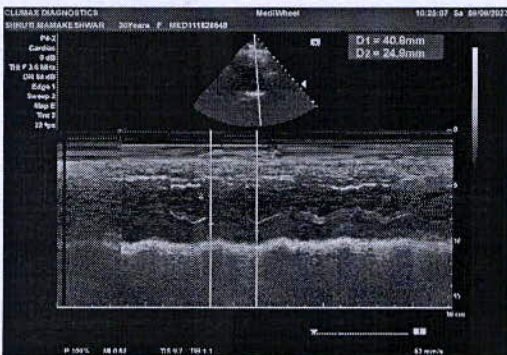
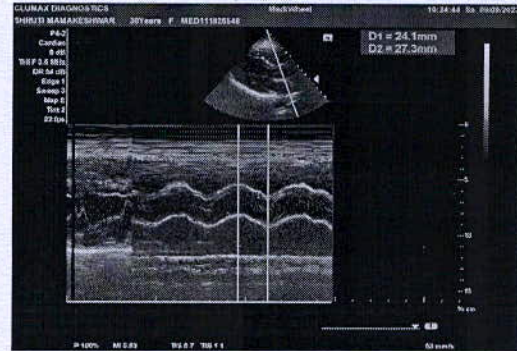


DR RAMNARESH SOUDRI  
MD DM (CARDIOLOGY) FSCAI  
INTERVENTIONAL CARDIOLOGIST  
Rs/ s





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SID No. : 923033468

Collection On : 09/09/2023 9:29 AM

Age / Sex : 30 Year(s) / Female

Report On : 09/09/2023 4:52 PM

Type : OP

Printed On : 11/09/2023 8:52 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)	13.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.0	%	37 - 47
RBC Count (EDTA Blood)	4.65	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	83.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	35.4	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood)	39.8	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	47.3	%	40 - 75
Lymphocytes (EDTA Blood)	44.1	%	20 - 45
Eosinophils (EDTA Blood)	2.5	%	01 - 06
Monocytes (EDTA Blood)	5.6	%	01 - 10



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

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The results pertain to sample tested.

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Basophils (EDTA Blood)	0.5	%	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)	4.6	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	4.3	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.2	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.5	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	516	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood)	6.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.347	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	17	mm/hr	< 20



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## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	12.58	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	9.89	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.63	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	59.1	U/L	42 - 98
Total Protein (Serum/Biuret)	7.26	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.55	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.71	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.68		1.1 - 2.2



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

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**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	226.41	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/GPO-PAP with ATCS)	176.30	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/Immuno-inhibition)	33.84	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	157.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	35.3	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	192.6	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.



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.7		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)	5.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	111.15	mg/dL
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**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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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	0.938	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)	6.36	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)	2.75	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&ampl(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 (URINE COMPLETE)**

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	6		4.5 - 8.0
Specific Gravity (Urine)	1.008		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
Glucose (Urine/GOD - POD)	Negative		Negative



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Collection On : 09/09/2023 9:29 AM

Age / Sex : 30 Year(s) / Female

Report On : 09/09/2023 4:52 PM

Type : OP

Printed On : 11/09/2023 8:52 AM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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Leukocytes(CP) (Urine)	Positive(++)		
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**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	2-5	/hpf	NIL
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Epithelial Cells (Urine)	2-5	/hpf	NIL
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RBCs (Urine)	NIL	/hpf	NIL
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Others (Urine)	NIL		
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**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
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Crystals (Urine)	NIL	/hpf	NIL
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*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

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**PHYSICAL EXAMINATION(STOOL COMPLETE)**

Mucus (Stool)	Absent		Absent
Consistency (Stool)	Semi Solid		Semi Solid to Solid
Colour (Stool)	Brown		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)	0-1	/hpf	NIL
Others (Stool)	NIL		

**CHEMICAL EXAMINATION(STOOL ROUTINE)**

Reaction (Stool)	Acidic		Alkaline
Reducing Substances (Stool/Benedict's)	Negative		Negative



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## BIOCHEMISTRY

BUN / Creatinine Ratio	9.1		6.0 - 22.0
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Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	80.97	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	97.85	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)	5.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.60	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)	4.11	mg/dL	2.6 - 6.0
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
 (EDTA Blood Agglutination)

'O' 'Positive'



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-- End of Report --

