

Name : Mrs. ARTHI SHETTY B
 PID No. : MED121189320 Register On : 09/07/2022 9:32 AM
 SID No. : 522220899 Collection On : 09/07/2022 10:48 AM
 Age / Sex : 55 Year(s) / Female Report On : 09/07/2022 8:36 PM
 Type : OP Printed On : 11/07/2022 3:17 PM
 Ref. Dr : MediWheel

Investigation	Observed Value	Unit	Biological Reference Interval
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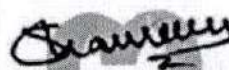
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.53	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.8	%	37 - 47
RBC Count (EDTA Blood)	4.43	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV	13.9	%	11.5 - 16.0
RDW-SD	42.62	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5530	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	37.49	%	40 - 75
Lymphocytes (Blood)	51.96	%	20 - 45
Eosinophils (Blood)	3.71	%	01 - 06


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

VERIFIED BY


 DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902

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The results pertain to sample tested.

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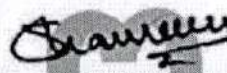
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Monocytes (Blood)	6.58	%	01 - 10
Basophils (Blood)	0.27	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.07	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.87	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.21	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.36	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	280.3	10 ³ / μ l	150 - 450
MPV (Blood)	8.98	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	4	mm/hr	< 30



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MBBS, MD Pathology
Reg No: KMC 839655

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MD PATHOLOGY
KMC 83902

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BIOCHEMISTRY

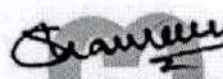
Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.37	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.25	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	36.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	50.27	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	50.04	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	117.5	U/L	53 - 141
Total Protein (Serum/Biuret)	7.28	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.68	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.80		1.1 - 2.2



Dr. ROHINI KUMAR Ph.D.
Consultant Microbiologist

VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Investigation	Observed Value	Unit	Biological Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	236.80	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: \geq 240
Triglycerides (Serum/GPO-PAP with ATCS)	283.33	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: \geq 500

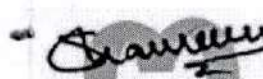
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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)	38.66	mg/dL	Optimal(Negative Risk Factor): \geq 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	141.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
VLDL Cholesterol (Serum/Calculated)	56.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	198.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: \geq 220



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Consultant Microbiologist

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MD PATHOLOGY
KMC 88902

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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)	6.1		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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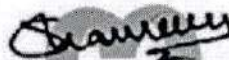
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	7.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	9.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 220.21 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.

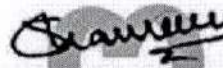
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

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)	1.26	ng/ml	0.4 - 1.81
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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)	7.77	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)	0.093	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.

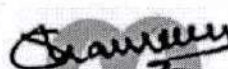
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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

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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		

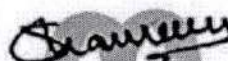
CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.004		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



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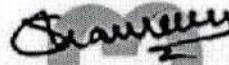
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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



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IMMUNOHAEMATOLOGY

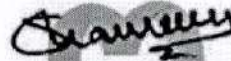
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' Positive'		
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INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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BIOCHEMISTRY

BUN / Creatinine Ratio	12		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	162.81	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	246.40	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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.65	mg/dL	0.6 - 1.1
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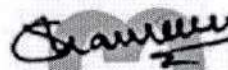
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.41	mg/dL	2.6 - 6.0
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PAP Smear by LBC(Liquid based Cytology)

Nature of Specimen: Cervical smear

Lab No: GC 973/22

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells : Absent

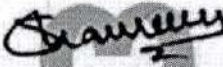
General categorization : Within normal limits

DESCRIPTION : Smear show few superficial squamous cells, predominantly intermediate cells and few parabasal cells in a background of sparse inflammatory cells.

INTERPRETATION : Negative for intraepithelial lesion or malignancy -
Normal pap smear study.



Dr SURAJ JAIN
Consultant Pathologist
Reg No: 50423



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902



Name	MRS.ARTHI SHETTY B	ID	MED121189320
Age & Gender	55Y/FEMALE	Visit Date	09 Jul 2022
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is enlarged in size (16.8 cm), normal in shape and shows increased echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size (7.1 cm) and echopattern.

No demonstrable Para-aortic lymphadenopathy.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

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

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 3.9 mm.

Uterus measures LS: 5.7 cm AP: 3.6 cm TS: 4.8 cm.

There is well a defined hypoechoic lesion measuring 1.6 x 1.2 cm in the posterior wall of cervix - ? cervical fibroid.

OVARIES are normal in size, shape and echotexture

Right ovary measures 2.3 x 1.7 cm Left ovary measures 2.8 x 1.2 cm

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **Mild hepatomegaly with grade I fatty infiltration of liver.**
- **Hypoechoic lesion in the posterior wall of cervix**
- ? cervical fibroid.



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Age & Gender	55Y/FEMALE	Visit Date	09 Jul 2022
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DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/mj

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Physical Fitness Certificate

I, Dr. Yogesh after personal examination of the case do hereby certify that

~~Mr/Ms/Mrs~~ ARTHA CHETTY B is

found physically FIT/ UNFIT to work.

Please tick the below box (✓)

FIT

UNFIT

If Unfit – Please mention the reasons below

Date: 9/8/22

Doctor Seal with Signature:


Dr. YOGESH. M.
M.B.B.S. M.D.
KMC. Reg. No. 57790

Name	ARTHI SHETTY B	Customer ID	MED121189320
Age & Gender	55Y/F	Visit Date	Jul 9 2022 9:29AM
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. HEMANANDHINI
CONSULTANT RADIOLOGIST



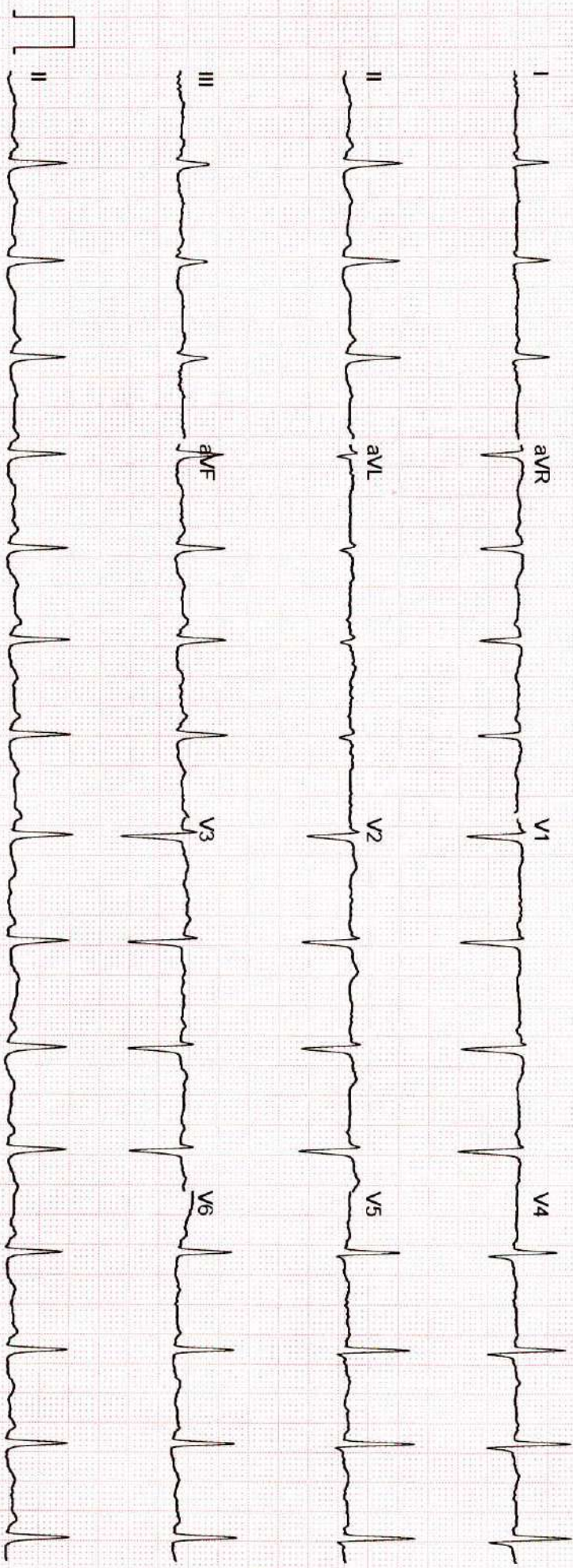
55 Years

Female

QRS : 76 ms
 QT / QTcBaz : 340 / 418 ms
 PR : 134 ms
 P : 92 ms
 RR / PP : 658 / 659 ms
 P / QRS / T : 63 / 58 / 63 degrees

Normal sinus rhythm
Normal ECG

Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3 25_R1

Unconfirmed

1/1

Customer Name	MRS.ARTHI SHETTY B	Customer ID	MED121189320
Age & Gender	55Y/FEMALE	Visit Date	09/07/2022
Ref Doctor	MediWheel		

X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition Type A (The breasts are almost entirely fatty).

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

Bilateral axillary lymph nodes are noted.

Macrocalcification is noted in lower inner quadrant of right breast.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Bilateral axillary lymphnodes are noted with preserved fatty hilum.

IMPRESSION:

- **No breast lesions.**
- **Bilateral axillary lymph nodes.**

ASSESSMENT: BI-RADS CATEGORY – 2

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
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2	Benign finding. Routine mammogram in 1 year recommended.
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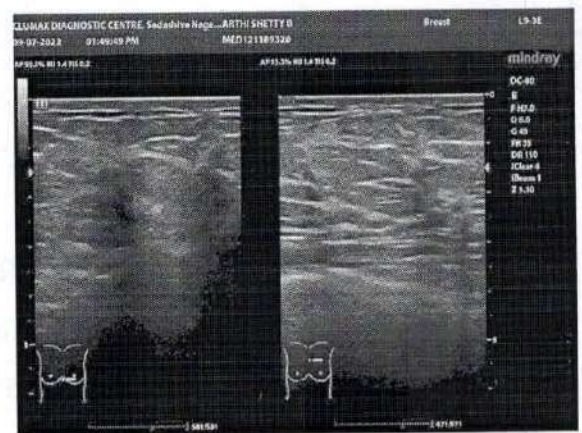
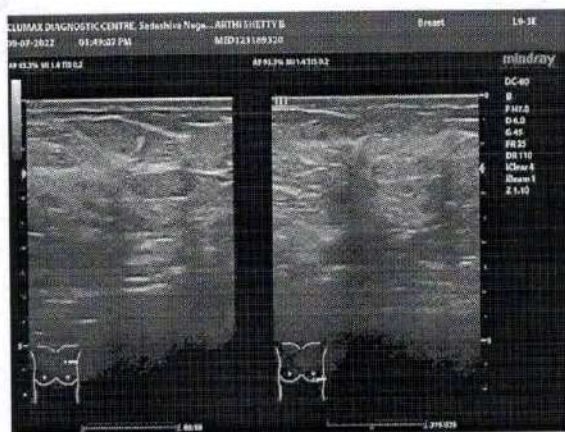
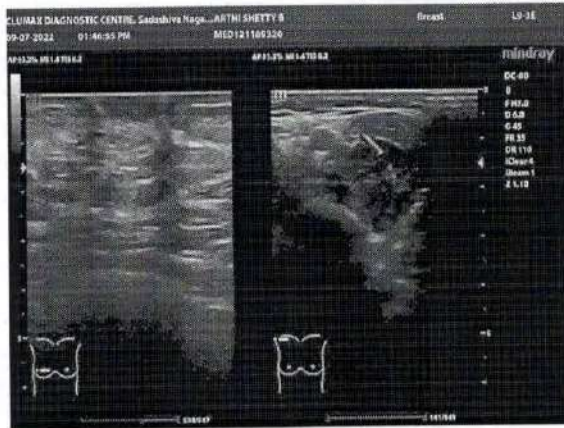
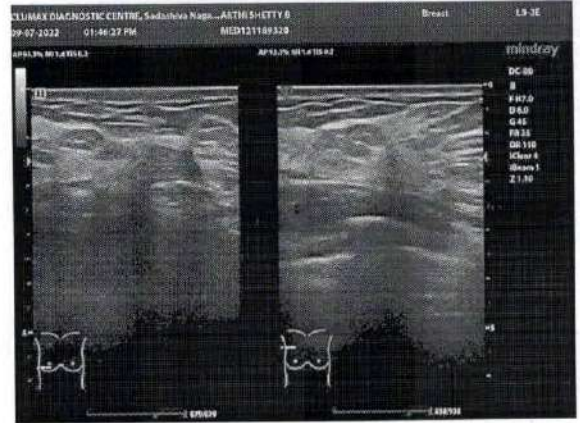
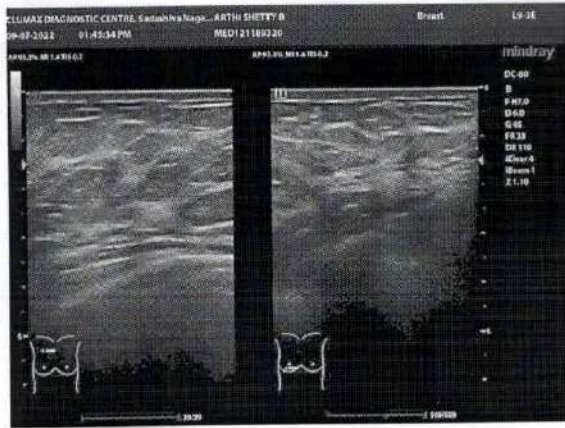
DR. HEMANANDINI V.N

CONSULTANT RADIOLOGIST

Hn/mj



Customer Name	MRS. ARTHI SHETTY B	Customer ID	MED121189320
Age & Gender	55Y/FEMALE	Visit Date	09/07/2022
Ref Doctor	MediWheel		



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Customer Name	MRS.ARTHI SHETTY B	Customer ID	MED121189320
Age & Gender	55Y/FEMALE	Visit Date	09/07/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.05	cms.
LEFT ATRIUM	:	2.44	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	3.57	cms.
(SYSTOLE)	:	0.88	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	2.30	cms.
(SYSTOLE)	:	1.17	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	0.95	cms.
(SYSTOLE)	:	1.24	cms.
EDV	:	53	ml.
ESV	:	18	ml.
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	60	%
EPSS	:	----	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E – 0.5 m/s	A -0.6 m/s	NO MR.
AORTIC VALVE:	1.0	m/s	NO AR.
TRICUSPID VALVE:	E – 0.5 m/s	A – 0.6m/s	TRIVIAL TR (PASP:10mmHg)
PULMONARY VALVE:	0.6	m/s	NO PR.

