

Name	MRS.PALLAVI R	ID	MED112132385
Age & Gender	32Y/FEMALE	Visit Date	29/03/2024
Ref Doctor Name	MediWheel		



### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is 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** is partially distended.

**PANCREAS** has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.5	1.5
Left Kidney	9.3	1.8

**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 3.9 mms.

Uterus measures as follows: LS: 6.1cms      AP: 4.1cms      TS: 4.3cms.

**OVARIES** are normal size, shape and echotexture.

Right ovary measures: 2.6x2.0cms      Left ovary measures: 2.5x2.0cms

POD & adnexa are free.

No evidence of ascites.

#### IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

#### **CONSULTANT RADIOLOGISTS**

**DR. ANITHA ADARSH**

MB/mm

**DR. MOHAN B**

Name : Mrs. PALLAVI R

PID No. : MED112132385

SID No. : 712410044

Age / Sex : 32 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 29/03/2024 9:12 AM

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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' 'Positive'



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**HAEMATOLOGY**

**Complete Blood Count With - ESR**

Haemoglobin                      12.4                      g/dL                      12.5 - 16.0  
(EDTA Blood/Spectrophotometry)

**INTERPRETATION:**Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking , high altitudes , hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit                      35.2                      %                      37 - 47  
(EDTA Blood/Derived)

RBC Count                      4.22                      mill/cu.mm                      4.2 - 5.4  
(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume)                      83.0                      fL                      78 - 100  
(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin)                      29.4                      pg                      27 - 32  
(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration)                      35.2                      g/dL                      32 - 36  
(EDTA Blood/Derived)

RDW-CV                      13.8                      %                      11.5 - 16.0  
(Derived)

RDW-SD                      40.09                      fL                      39 - 46  
(Derived)

Total WBC Count (TC)                      4980                      cells/cu.mm                      4000 - 11000  
(EDTA Blood/Derived from Impedance)

Neutrophils                      47                      %                      40 - 75  
(Blood/Impedance Variation & Flow Cytometry)

Lymphocytes                      40                      %                      20 - 45  
(Blood/Impedance Variation & Flow Cytometry)

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	09	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.34	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.99	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.20	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.45	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	226	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived)	12.4	fL	8.0 - 13.3
PCT	<b>0.28</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	10	mm/hr	< 20

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## **BIOCHEMISTRY**

### **Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.4	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.85		1.1 - 2.2

**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	10	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	61	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	24	U/L	< 38



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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	145	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	71	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)	44	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	86.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	101.0	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)	3.3		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)	1.6		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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.3	%	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      105.41      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 glyceimic 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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## **BIOCHEMISTRY**

BUN / Creatinine Ratio

9.0

Glucose Fasting (FBS)  
(Plasma - F/GOD- POD)

76

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.

Urine sugar, Fasting  
(Urine - F)

Nil

Nil

Glucose Postprandial (PPBS)  
(Plasma - PP/GOD - POD)

75

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.

Blood Urea Nitrogen (BUN)  
(Serum/Urease UV / derived)

8.8

mg/dL

7.0 - 21

Creatinine  
(Serum/Jaffe Kinetic)

1.0

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/Uricase/Peroxidase)

2.7

mg/dL

2.6 - 6.0



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Investigation Observed Value Unit Biological Reference Interval

**IMMUNOASSAY**

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total 0.967 ng/ml 0.7 - 2.04  
(Serum/ECLIA)

**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 8.84 µg/dl 4.2 - 12.0  
(Serum/ECLIA)

**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) 9.02 µIU/mL 0.35 - 5.50  
(Serum/ECLIA)

**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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MC-5606



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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	15		ml
Appearance (Urine)	Clear		

### CHEMICAL EXAMINATION

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ó Reagent strip method)	1.005		1.002 - 1.035
Protein (Urine/Dip Stick ó Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick ó Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick ó Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Positive(++)		Nil



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Urobilinogen (Urine/Dip Stick ó'Reagent strip method)	Normal		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	6-8	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

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-- End of Report --

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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. MOHAN. B**  
(DMRD, DNB, EDIR, FELLOW IN CARDIAC  
MRI)  
CONSULTANT RADIOLOGIST

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## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.5cms
LEFT VENTRICLE (DIASTOLE)	:	3.2cms
(SYSTOLE)	:	2.2cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.6cms
(SYSTOLE)	:	0.9cms
POSTERIOR WALL (DIASTOLE)	:	0.7cms
(SYSTOLE)	:	0.9cms
EDV	:	78ml
ESV	:	29ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	60%
RVID	:	1.6cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' - 1.20m/s	A' - 0.54m/s	NO MR
AORTIC VALVE	:	1.10m/s		NO AR
TRICUSPID VALVE	:	E' - 0.60m/s	A' - 0.40m/s	NO TR
PULMONARY VALVE	:	0.70m/s		NO PR

### 2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.

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No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
 NB/mm