tenet DIAGNOSTICS
It's Good to Know

MC-5592

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MS.MAMATHA RAMESH**	TID/SID	: UMR2050055/ 28377800
Age / Gender	: 43 Years / Female	Registered on	: 08-Oct-2024 / 08:32 AM
Ref.By	: MEDI WHEELS	Collected on	: 08-Oct-2024 / 08:57 AM
Req.No	: BIL4804731	Reported on	: 08-Oct-2024 / 11:54 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.MAMATHA RAMESH**	TID/SID	: UMR2050055/ 28377800
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TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Modified Westergren	**35**	<=20 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	11.7	11.5-16.0 g/dL
Packed Cell Volume Method:Derived from Impedance	35.3	34-48 %
Red Blood Cell Count. Method:Impedance Variation	4.37	4.2-5.4 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	80.8	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	**26.7**	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	33.1	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	13.1	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	**35.1**	39-46 fL
Total WBC Count. Method:Impedance Variation	7460	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	64.4	40-75 %
Lymphocytes Method:Microscopy	25.3	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	1.5	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	8.6	01-10 %
Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	0.2	00-02 %

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TEST REPORT

Absolute Neutrophils Count. Method:Calculated	4804	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	1887	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	112	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	642	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	15	<200 cells/cumm
Platelet Count. Method:Impedance Variation	3.53	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	**7.2**	8.0-13.3 fL
Plateletcrit. Method:Derived from Impedance	0.25	0.18-0.28 %

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist

Name	: **MS.MAMATHA RAMESH**	TID/SID	: UMR2050055/ 28377802F
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	6	6-20 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Spectrophotometry, Jaffe - IDMS Traceable	0.68	0.5-1.1 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	98	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

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Req.No	: BIL4804731	Reported on	: 08-Oct-2024 / 11:48 AM
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TEST REPORT

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	104	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	**6.3**	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	134	mg/dL

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value
BUN/Creatinine Ratio Method:Calculated	9

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

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TEST REPORT

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	237	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >/= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	44	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	193	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	164.0	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
VLDL Cholesterol Method:Calculated	29	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	5.39	Optimal : <3.3 Low Risk : 3.4-4.4 Average Rsik : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0
LDL/HDL Ratio Method:Calculated	3.73	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	145	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL mg/dl #

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

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Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Result	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.43	Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.2	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.23	Neonates: <= 14.7 mg/dL Adults: <= 1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	23	<=33 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	24	<=32 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	57	35-104 U/L
Gamma GT. Method:Spectrophotometry , IFCC	39	<40 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.5	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.2	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	3.30	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.27	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	0.985	0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	9.49	4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	**17.3**	0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

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Req.No	: BIL4804731	Reported on	: 08-Oct-2024 / 11:40 AM
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	4.7	2.4-5.7 mg/dL

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

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Reg.No	: BIL4804731	Reference	: Arcofemi Health Care Ltd - Medi Whe

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.**

*** End Of Report ***

Dr Ananya K
Consultant Radiologist

PLEASE SCAN QR CODE

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Age/Gender	: 43 Years/Female	Registered On	: 08-Oct-2024 08:32 AM
Ref By	: MEDI WHEELS	Reported On	: 08-Oct-2024 11:21 AM
Reg.No	: BIL4804731	Reference	: Arcofemi Health Care Ltd - Medi Whe

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

BILATERAL MAMMOGRAPHY

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

Few small rounded to oval isodense lesions are seen in the upper and outer quadrant of right breast, measuring about 5 to 7 mm.

No cluster microcalcification. Subcutaneous fat deposition is within normal limits.

Bilateral axillary lymph nodes are seen.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern. No focal solid / cystic areas.

No ductal dilatation.

Bilateral benign axillary lymph nodes are seen with preserved fatty hilum and normal cortical thickness, largest measuring about 3.8 x 0.9 cms on right side and 1.6 x 0.7 cms on left side.

IMPRESSION:

- **Few small rounded to oval isodense lesions in the upper and outer quadrant of right breast, which are not visualized in sonomammogram study – likely representing intramammary lymph nodes.**
- **Bilateral benign axillary lymph nodes.**

ASSESSMENT: BI-RADS CATEGORY – 2 (Benign finding. Routine mammogram in 1 year recommended).

*** End Of Report ***

Dr. Roohi Singh
Consultant Radiologist

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Age/Gender	: 43 Years/Female	Registered On	: 08-Oct-2024 08:32 AM
Ref By	: MEDI WHEELS	Reported On	: 08-Oct-2024 10:46 AM
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ECHOCARDIOGRAM REPORT

MESUREMENTS

IVS (D):0.9CM **LVID (D): 4.3CM** **LVPW (D): 1.0CM**

IVS(S): 1.1CM **LVID (S):3.2CM** **LVPW(S): 1.2CM**

AO:3.0 CM **LA: 2.4CM** **RVID (D): 2.4CM**

EF: 60%

VALVES:

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS:

LEFT ARTIUM : NORMAL

RIGHT ARTIUM : NORMAL

LEFT VENTRICLE : NORMAL

RIGHT VENTRICLE : NORMAL

SEPTAE:

IVS : INTACT

IAS : INTACT

GREAT ARTERIES:

AORTA : NORMAL

PULMONARY ARTERY : NORMAL

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DOPPLER STUDY:

MITRAL VALVE : E –0.5/ A –0.7M/S

AORTIC VALVE : 0.9 M/S

TRICUSPID VALVE : E –0.4/ A –0.6 M/S

PULMONARY VALVE : 0.8 M/S

WALL MOTION ABNORMALITIES: NO RWMA PRESENT

PERICARDIUM : NORMAL

VEGETATION / THROMBUS : NO

FINAL DIAGNOSIS:(POOR ECHO WINDOW)

- **NORMAL CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION.**
- **LVEF-60%.**
- **NO RWMA PRESENT.**
- **GRADE I LVDD.**
- **TRIVIAL MR.**
- **TRIVIAL TR (PASP- 28mmHg)**
- **NO PE / CLOT / VEGETATION SEEN.**

*** End Of Report ***

Dr.Sendil G
Consultant Cardiologist

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.4 cms) and has mildly increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. No obvious calculus.
CBD is of normal calibre.

PANCREAS is obscured by bowel gas.

SPLEEN show normal shape, size (8.3 cms) and echopattern.

KIDNEYS

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

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

The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	9.7	1.5
Left Kidney	9.7	1.5

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 – 7 mm.
Uterus measures LS: 11.5 cm AP: 4.4 cm TS: 4.7 cm.
Cervix appears elongated.

OVARIES are normal in size, shape and echotexture.
Right ovary measures 1.9 x 1.0 cms. Left ovary measures 2.3 x 1.8 cms.

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POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

*** End Of Report ***

Dr. Roohi Singh
Consultant Radiologist

Mamatha Ramesh
ID: bil4804731

08.10.2024 9:42:50

SADASHIVNAGARA
BANGALORE

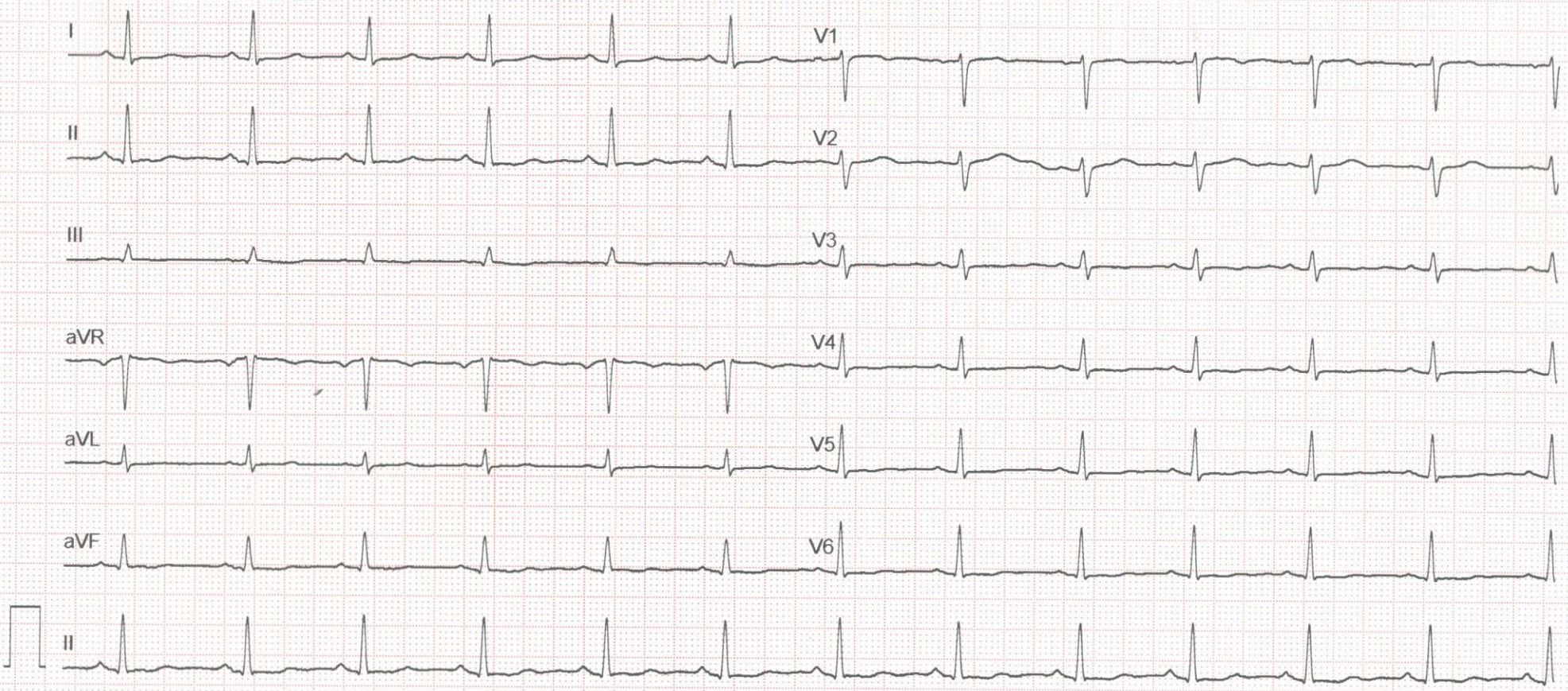
Female

43 Years

76 bpm
-- / -- mmHg

QRS	74 ms
QT / QTcBaz	438 / 492 ms
PR	160 ms
P	100 ms
RR / PP	794 / 789 ms
P / QRS / T	40 / 45 / 32 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz Unconfirmed 2x5x6_25_R1 1/1