

Name : Mrs. jyothis I
PID No. : MED111492158
SID No. : 423007809
Age / Sex : 43 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

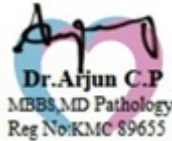
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	37.7	%	37 - 47
RBC Count (EDTA Blood)	4.33	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.8	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.01	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	65.2	%	40 - 75
Lymphocytes (EDTA Blood)	27.8	%	20 - 45
Eosinophils (EDTA Blood)	0.8	%	01 - 06
Monocytes (EDTA Blood)	5.8	%	01 - 10

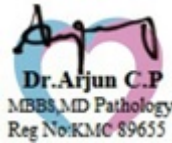


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Basophils (Blood)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	5.09	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.17	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.06	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.45	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	251	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	10.1	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	10	mm/hr	< 20



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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)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.19	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.10	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.31	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.66	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	57.4	U/L	42 - 98
Total Protein (Serum/Biuret)	7.78	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.70	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.08	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.53		1.1 - 2.2


Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	109	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	76	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)	42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	51.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	67.0	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)	2.6		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)	1.8		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)	1.2		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)	5.6	%	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 114.02 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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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.16	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)	7.91	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)	2.44	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


DR SHAMIM JAVED
 MD PATHOLOGY
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	35		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.004		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Positive(++)		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+)		Negative

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	2-5	/hpf	NIL
RBCs (Urine)	5-10	/HPF	NIL
Others (Urine)	Bacteria Present		

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

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL


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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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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	13.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.22	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	74.30	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)	8.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.64	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 (Serum/Enzymatic)	3.42	mg/dL	2.6 - 6.0
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-- End of Report --

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Age & Gender	43Y/FEMALE	Visit Date	11 Feb 2023
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	3.0cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.0cms
(SYSTOLE)	:	2.7cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.6cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
EDV	:	71ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	61%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.79 m/s	A' 0.55 m/s	NO MR
AORTIC VALVE	:	1.07 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.98 m/s		NO PR

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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: 61%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/vp

Note:

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- * 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.**
- * Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. No evidence of focal lesion or 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 7.1 cms in long axis. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well made out. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.6
Left Kidney	10.1	1.5

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

UTERUS is retroverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 8mm

Uterus measures as follows: LS: 5.4cms AP: 3.2cms TS: 4.1cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 2.4 x 1.8cms **Left ovary:** 3.1 x 1.8cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

- **GRADE I FATTY LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY DETECTED.**

DR. MANIMALA RUPA

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CONSULTANT RADIOLOGIST

Mr/da

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BILATERAL MAMMOGRAM

CRANIOCAUDAL AND MEDIOLATERAL VIEWS

Observations:

Breast parenchyma composition - (ACR - C).

Heterogeneously dense fibro glandular tissue noted.

No obvious focal mass lesion is detected.

No abnormal cluster of micro calcification is noted.

No obvious architectural distortion or focal asymmetric density is seen.

Skin and subcutaneous tissues are normal.

Bilateral benign axillary lymphnodes noted.

BILATERAL SONOMAMMOGRAM

Observations:

Axilla and nipple areolar complex appears normal.

Few cysts are noted in the superior quadrant of the right breast, largest measuring about 8 x 5mm at 12 O'clock position (periareolar region).

Both breasts show normal echopattern.

No evidence of focal solid / cystic lesions in left breast.

No evidence of solid lesion in right breast.

No evidence of ductal dilatation.

IMPRESSION:

BIRADS - 2

➤ **RIGHT BREAST CYSTS.**

DR. MANIMALA RUPA
CONSULTANT RADIOLOGIST

MR/da

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation
1	Negative. Routine mammogram in 1 year recommended.

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- 2 **Benign finding. Routine mammogram in 1 year recommended.**
- 3 Probably benign finding. Short interval follow-up suggested.
- 4 Suspicious. Biopsy should be considered.
- 5 Highly suggestive of malignancy. Appropriate action

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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. APARNA

CONSULTANT RADIOLOGIST