

Name : Mrs. JYOTHI S
PID No. : MED111492325 Register On : 11/02/2023 10:12 AM
SID No. : 423007857 Collection On : 11/02/2023 11:13 AM
Age / Sex : 44 Year(s) / Female Report On : 11/02/2023 6:47 PM
Type : OP Printed On : 11/02/2023 7:11 PM
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)	12.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.4	%	37 - 47
RBC Count (EDTA Blood)	4.23	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	93.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	44.59	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	63.4	%	40 - 75
Lymphocytes (EDTA Blood)	27.6	%	20 - 45
Eosinophils (EDTA Blood)	3.0	%	01 - 06
Monocytes (EDTA Blood)	5.2	%	01 - 10


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
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Basophils (Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	5.26	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.29	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.25	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.43	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.07	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	421	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.6	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.36	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	19	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.36	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.27	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.45	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	109.4	U/L	42 - 98
Total Protein (Serum/Biuret)	6.74	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.29	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.45	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.75		1.1 - 2.2


DR JUSTINA WILLIAMS
 Senior Consultant Pathologist
 Reg No: PNB20080000054 KTK

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 MD PATHOLOGY
 KMC 88902

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	234.84	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	120.83	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)	65.85	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	144.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	169.0	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)	3.6		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)	2.2		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)	1.09	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)	8.17	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)	1.61	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 RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	30		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.003		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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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	1-3	/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.

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


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IMMUNOHAEMATOLOGY
BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' Positive'



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Senior Consultant Pathologist
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MD PATHOLOGY
KMC 88902

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	9.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.84	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)	78.61	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.


Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.69	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)	4.09	mg/dL	2.6 - 6.0
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CLUMAX DIAGNOSTICS

--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 11-Feb-2023 10:11 AM

Customer Name : **MRS. JYOTHI S**DOB : **24 Apr 1978**Ref Dr Name : **MediWheel**Age : **44Y/FEMALE**Customer Id : **MED111492325**Visit ID : **423007857****MED111492325**

Email Id :

Phone No : **9632511366**Corp Name : **MediWheel**

Address :

v/s dr
Scamij dr

Package Name : **Mediwheel Full Body Health Checkup Female Above 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	CREATININE				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				

14	LAB	URINE ROUTINE			
15	LAB	PAP SMEAR BY LBC (LIQUID BASED CYTOLOGY)			
16	LAB	BUN/CREATININE RATIO			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
18	ECG	ECG	IND13684011138	_____	_____
19	OTHERS	Treadmill 2D Echo	IND136840114690	_____	_____
20	OTHERS	physical examination	IND136840115279		
21	US	ULTRASOUND ABDOMEN	IND136840115292	_____	_____
22	OTHERS	Gynaecologist consultation	IND136840115704		
23	MAMMOGRAPHY	MAMMOGRAPHY-BOTH BREASTS	IND136840116054	_____	_____
24	OTHERS	Dental Consultation	IND136840116289		
25	OTHERS	EYE CHECKUP	IND136840117756		
26	X-RAY	X RAY CHEST	IND136840118659	_____	_____
27	OTHERS	Consultation Physician	IND136840118736		

Registered By

(HARI.O)

79 bpm
-- / -- mmHg

11.02.2023 11:00:49
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

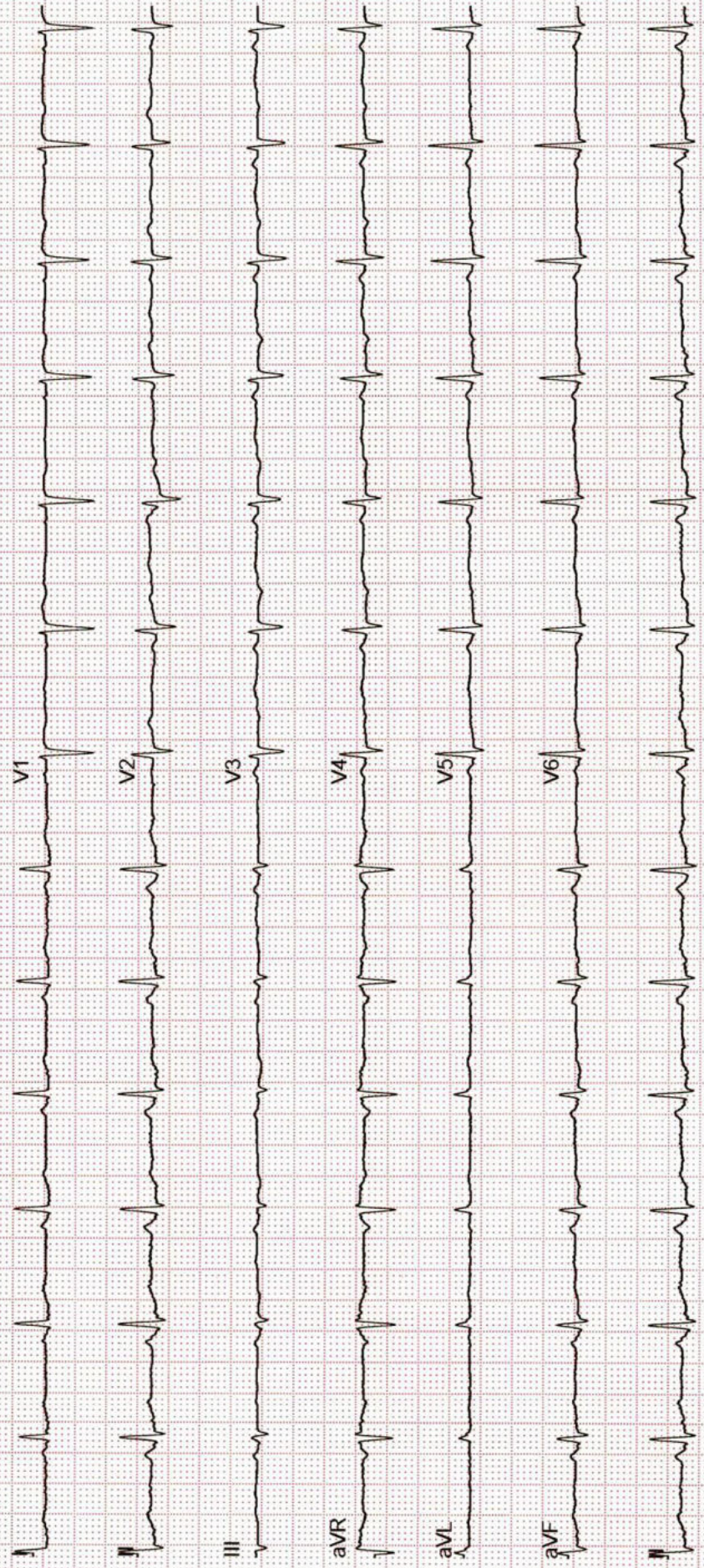
MED1114923710 2111-02-2310 11 a



423007657-P
MRS JYOTHY S (44Y/F)

QT / QTcBaz
PR
RR / PP
P / QRS / T

76 ms
372 / 426 ms
114 ms
80 ms
754 / 759 ms
49 / 22 / 37 degrees



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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.4cms
LEFT ATRIUM	:	3.5cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.7cms
(SYSTOLE)	:	3.2cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.4cms
EDV	:	104ml
ESV	:	40ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.75 m/s	A' 0.50 m/s	NO MR
AORTIC VALVE	:	1.02 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.96 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: 62%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**

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*** Parameters may be subjected to inter and intra observer variations.**

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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. 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	9.1	1.3
Left Kidney	10.3	0.9

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

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

Endometrial thickness measures 9mm

Uterus measures as follows: LS: 7.4cms AP: 3.9cms TS: 4.6cms.

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

Ovaries measure as follows: **Right ovary:** 3.5 x 2.6cms **Left ovary:** 2.7 x 1.7cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

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

DR. APARNA

Name	MRS. JYOTHI S	ID	MED111492325
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CONSULTANT RADIOLOGIST

A/da

Name	MRS. JYOTHI S	ID	MED111492325
Age & Gender	44Y/FEMALE	Visit Date	11 Feb 2023
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

MAMMOGRAPHY OF BOTH BREASTS

Both breasts show symmetrical fibro glandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

ASSESSMENT: BI-RADS CATEGORY -1

**DR. APARNA
CONSULTANT RADIOLOGIST**

A/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.
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 should be taken.

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Name	JYOTHI S	Customer ID	MED111492325
Age & Gender	44Y/F	Visit Date	Feb 11 2023 10:11AM
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: Essentially normal study.



DR. APARNA

CONSULTANT RADIOLOGIST