Name	:	**Mrs. PARAMITA SEN**		
PID No.	:	MED111010708	**Register On** :	07/03/2022 12:49 PM
SID No.	:	79150731	**Collection On** :	07/03/2022 3:50 PM
Age / Sex	:	31 Year(s) / Female	**Report On** :	10/03/2022 9:35 AM
Type	:	OP	**Printed On** :	10/03/2022 1:56 PM
Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination*)	'B' 'Positive'		

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/*Spectrophotometry*)	**10.06**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Numeric Integration of MCV*)	**31.9**	%	37 - 47
RBC Count (Blood/*Electrical Impedance*)	**3.74**	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/*Calculated*)	85.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Calculated*)	**26.9**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Calculated*)	**31.5**	g/dL	32 - 36
RDW-CV (*Calculated*)	**17.3**	%	11.5 - 16.0
RDW-SD (*Calculated*)	**51.71**	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Electrical Impedance*)	6550	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance and absorbance*)	55.19	%	40 - 75
Lymphocytes (Blood/*Impedance and absorbance*)	35.67	%	20 - 45
Eosinophils (Blood/*Impedance and absorbance*)	3.33	%	01 - 06
Monocytes (Blood/*Impedance and absorbance*)	5.49	%	01 - 10

Dr. Balaji Chowdari, MD(Path).,
Consultant Pathologist.

VERIFIED BY

Dr.Lakhineni Shalini
Consultant-Pathologist
APMC/FMR : 83818

APPROVED BY

The results pertain to sample tested.   Page 1 of 7

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance and absorbance*)	0.32	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (Blood/*Impedance and absorbance*)	3.61	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance*)	2.34	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance*)	0.22	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance*)	0.36	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance*)	0.02	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance*)	2.54	lakh/cu.mm	1.4 - 4.5

INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
MPV (Blood/*Derived from Impedance*)	11.31	fL	8.0 - 13.3
PCT (*Calculated*)	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser*)	**44**	mm/hr	< 20
BUN / Creatinine Ratio	16.25		
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase*)	83	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD*)	102	mg/dL	70 - 140

Dr. Balaji Chowdari, MD(Path).,
Consultant Pathologist.

VERIFIED BY

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APMC/FMR : 83818

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Lab Address: MEDALL HEALTH CARE PVT LTD#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

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Investigation	Observed Value	Unit	Biological Reference Interval

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.

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Calculated)	13.0	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe ó"Alkaline Picrate)	0.8	mg/dL	0.6 - 1.1
Uric Acid (Serum/Uricase/Peroxidase)	4.4	mg/dL	2.6 - 6.0

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Calculated)	0.40	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	15	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	**121**	U/L	42 - 98
Total Protein (Serum/Biuret)	7.5	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.0	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	3.50	gm/dL	2.3 - 3.6

Dr. Balaji Chowdari, MD(Path).,
Consultant Pathologist.

VERIFIED BY

Dr.Lakhineni Shalini
Consultant-Pathologist
APMC/FMR : 83818

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The results pertain to sample tested.   Page 3 of 7

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO	1.14		1.1 - 2.2
(Serum/*Calculated*)			

INTERPRETATION: Enclosure : Graph

GGT(Gamma Glutamyl Transpeptidase)	17	U/L	< 38
(Serum/*IFCC / Kinetic*)			

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.86	ng/ml	0.7 - 2.04
(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)			

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 (Thyroxine) - Total	9.92	µg/dl	4.2 - 12.0
(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)			

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)	2.948	µIU/mL	0.35 - 5.50
(Serum/*Chemiluminescence*)			

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.

Urine Analysis - Routine

Others	Nil		
(Urine/*Microscopy*)			

Dr. Balaji Chowdari, MD(Path).,
Consultant Pathologist.
VERIFIED BY

Dr.Lakhineni Shalini
Consultant-Pathologist
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Ref. Dr : MediWheel			

Investigation	Observed Value	Unit	Biological Reference Interval
INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy			
Physical Examination(Urine Routine)			
Colour (Urine/*Physical examination*)	pale yellow		Yellow to Amber
Appearance (Urine/*Physical examination*)	Clear		Clear
Chemical Examination(Urine Routine)			
Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method*)	Negative		Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict⁰s semi quantitative method.*)	Negative		Negative
Microscopic Examination(Urine Routine)			
Pus Cells (Urine/*Microscopy exam of urine sediment*)	2-4	/hpf	0 - 5
Epithelial Cells (Urine/*Microscopy exam of urine sediment*)	**3-5**	/hpf	NIL
RBCs (Urine/*Microscopy exam of urine sediment*)	Nil	/hpf	0 - 5

Dr. Balaji Chowdari, MD(Path).,
Consultant Pathologist.

VERIFIED BY

Dr.Lakhineni Shalini
Consultant-Pathologist
APMC/FMR : 83818

APPROVED BY

Lab Address: MEDALL HEALTH CARE PVT LTD#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

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Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/_CHOD-PAP with ATCS_)	198.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/_GPO-PAP with ATCS_)	99.7	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 õusualö"circulating level of triglycerides during most part of the day.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/_Immunoinhibition)_	**44.9**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/_Calculated_)	134.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/_Calculated_)	19.9	mg/dL	< 30
Non HDL Cholesterol (Serum/_Calculated_)	154.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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.

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685
VERIFIED BY

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	4.4		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*)	5.2	%	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 (Whole Blood)	102.54	mg/dL

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 glycemic 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.

DR.FAYIQAH MD(PATH)
 CONSULTANT - PATHOLOGIST
 REG NO:116685

VERIFIED BY

Dr.E.Saravanan M.D(Path)
 Consultant Pathologist
 Reg No : 73347

APPROVED BY

-- End of Report --

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

Name	PARAMITA SEN	ID	MED111010708
Age & Gender	31Y/F	Visit Date	Mar 7 2022 12:48PM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver : Normal in size (14.3 cm) with regular outlines and normal echopattern.
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.

Gall Bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi seen.

Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.

Spleen : Measured 11.7 cm, in size with normal echotexture.

Right kidney : Measured 10.0 x 4.3 cm in size.

Left kidney : Measured 10.5 x 4.4 cm in size.
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
No e/o calculi / space occupying lesion seen.
No e/o suprarenal / retroperitoneal masses noted.

Urinary bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi / masses seen.

Uterus : Measured 7.6 x 4.2 x 5.0 cm in size with regular outlines.
Myometrial echotexture is normal.
The Endometrial cavity is empty and shows no abnormality.
Endometrial echo measured 9 mm.

Right ovary : Measured 3.4 x 2.3 cm in size.
Left ovary : Measured 3.3 x 1.7 cm in size.
Both ovaries are normal in size and appearance.

No e/o ascites / pleural effusion seen.
No e/o detectable bowel pathology seen.

IMPRESSION :

- **Essentially normal study.**

- *For clinical correlation.*

Name	PARAMITA SEN	ID	MED111010708
Age & Gender	31Y/F	Visit Date	Mar 7 2022 12:48PM
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RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

IMPRESSION :

- **Essentially normal study.**

- *For clinical correlation.*

Dr. Sushma MBBS, MD.RD.,
Consultant Radiologist