PID No. : PRT17586
SID No. : 122015707
Age / Sex : 41 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 14/11/2022 10:03 AM
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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination*)	'A' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*Spectrophotometry*)	13.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance*)	41.2	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation*)	5.01	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance*)	82.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance*)	**26.4**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance*)	32.1	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance*)	13.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance*)	38.89	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation*)	8200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	54.6	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	21.5	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	**16.1**	%	01 - 06

DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036
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Consultant Pathologist
Reg No : 73347

APPROVED BY

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Investigation

Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.2	%	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 (EDTA Blood/Impedance Variation & Flow Cytometry)	4.48	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.76	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	**1.32**	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	220	$10^3 / \mu l$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.9	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	5	mm/hr	< 20
BUN / Creatinine Ratio	11.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	81.7	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	99.9	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)	8.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.71	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/Enzymatic)	4.1	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.56	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.41	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	16.0	U/L	5 - 41

DR GURUPRIYA J
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Investigation

Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.8	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	60.2	U/L	42 - 98
Total Protein (Serum/Biuret)	6.30	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.74	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.56	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.46		1.1 - 2.2

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/CHOD-PAP with ATCS)	182.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	84.3	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immunoinhibition)	49.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	116.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	16.9	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	133.2	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	3.7		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*)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	2.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC*)	**5.7**	%	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 %

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Investigation	Observed Value	Unit	Biological Reference Interval
Estimated Average Glucose (Whole Blood)	116.89	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 HbAlC 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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	0.74	ng/ml	0.7 - 2.04

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/*Chemiluminescent Immunometric Assay (CLIA)*)	5.94	µg/dl	4.2 - 12.0

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/*Chemiluminescent Immunometric Assay (CLIA)*)	1.68	µIU/mL	0.35 - 5.50

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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MS. DEEPA G

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Investigation	Observed Value	Unit	Biological Reference Interval
Urine Analysis - Routine			
COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	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.

DR. GURUPRIYA J
P.ATHOLOGIST
Reg No : 13-48036

VERIFIED BY

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

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PAP Smear by LBC(Liquid based Cytology)

SPECIMEN NO : Cy 2482/2022

MICROSCOPIC FINDINGS:

ADEQUACY : Satisfactory.

PREDOMINANT CELLS : Superficial and intermediate cells.

BACKGROUND : Clean.

ORGANISMS : No specific organisms.

IMPRESSION :

Negative for intraepithelial lesion/ malignancy.

R. Niranjani

DR. R. NIRANJANI, MD , Pathologist
Reg No : C00846

APPROVED BY

-- End of Report --

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Name	MS.DEEPA G	ID	PRT17586
Age & Gender	41Y/FEMALE	Visit Date	14/11/2022
Ref Doctor	MediWheel		

ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size (14.6 cm) and shows homogenously increased parenchymal echoes with no focal abnormality.
There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.
Right kidney measures 10.9 x 4.5 cm.
Left kidney measures 11.7 x 4.8 cm.
Ureters are not dilated.
No abnormality is seen in the region of the **adrenal glands**.
No para aortic lymphadenopathy is seen.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Uterus is anteverted, and measures 9.2 x 4.9 x 4.3 cm.
Endometrial thickness is 3.2 mm.

Right ovary measures 3.9 x 1.8 cm.

Left ovary measures 3.0 x 1.7 cm.

No significant mass or cyst is seen in the ovaries.

Name	MS.DEEPA G	ID	PRT17586
Age & Gender	41Y/FEMALE	Visit Date	14/11/2022
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Parametria are free.

Free fluid is noted in the pouch of Douglas.

Iliac fossae are normal.

IMPRESSION:

- ➢ **Fatty liver.**
- ➢ **Pelvic inflammatory disease.**
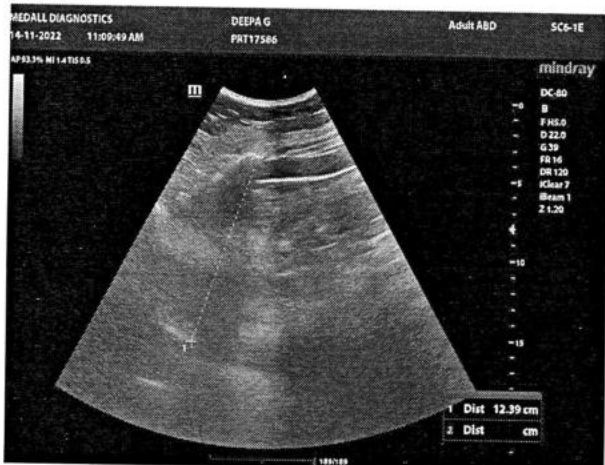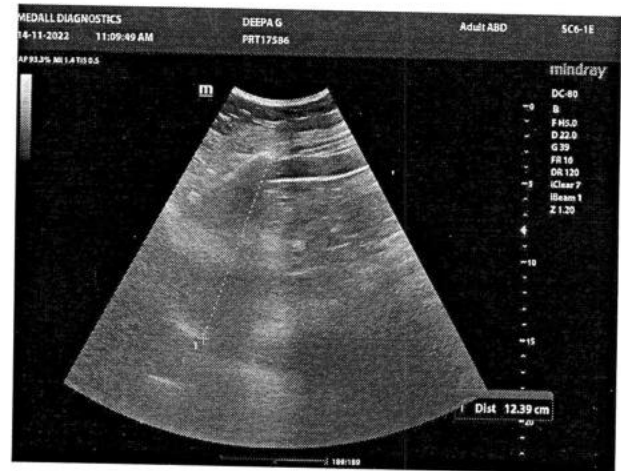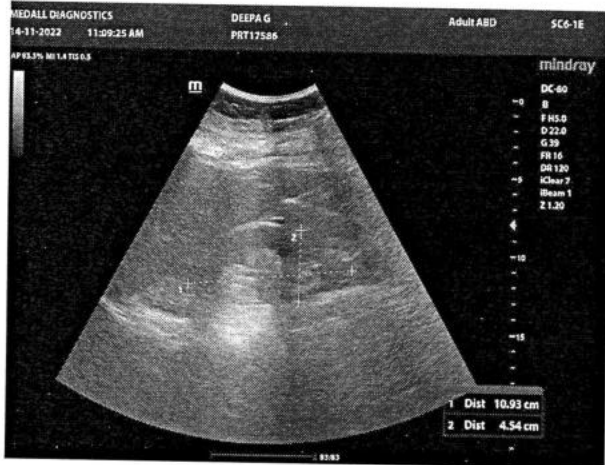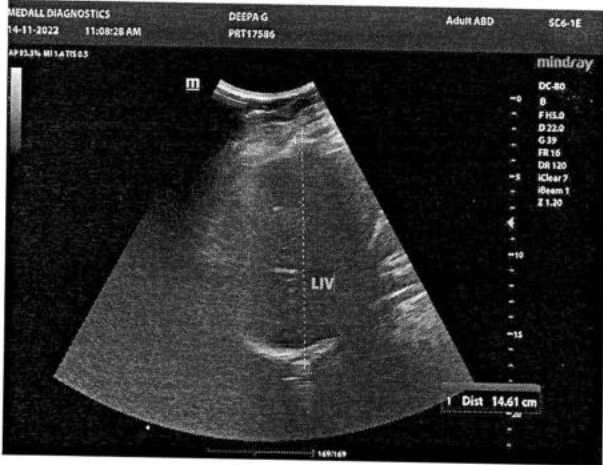 --- *Needs clinical correlation.*

Dr. SUMITHA
SONOLOGIST

Medall Healthcare Pvt Ltd
No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MS.DEEPA G	ID		PRT17586
Age & Gender	41Y/FEMALE	Visit Date		14/11/2022
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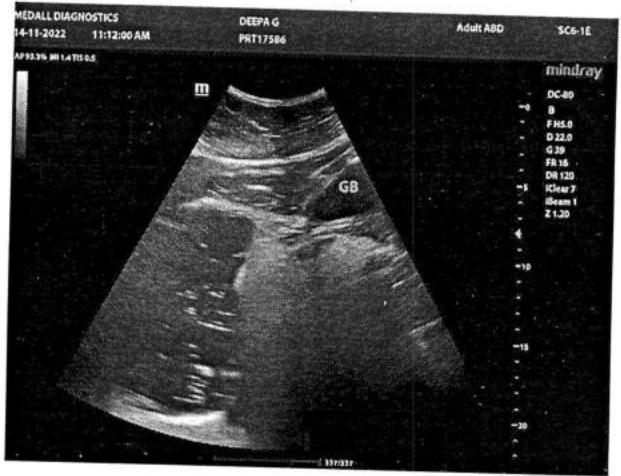
Customer Name	MS.DEEPA G	Customer ID	PRT17586
Age & Gender	41Y/FEMALE	Visit Date	17/11/2022
Ref Doctor	MediWheel		

MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty (ACR Type "A" parenchyma). Left breast shows very few foci of fibroglandular tissues.

Few small, partially circumscribed lesions, largest measuring ~4.5 x 2.8 mm is noted in the left retroareolar region. Few smaller, similar lesions are noted superior to the nipple-areolar region.

Few benign, round microcalcifications in groups are noted on both breasts, more predominantly in the upper quadrants.

No significant breast asymmetry noted.

No intramammary ductal dilatation identified.

No obvious spiculation or architectural distortion noted.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Left Axilla shows a prominent lymph node.

Customer Name	MS.DEEPA G		Customer ID	PRT17586
Age & Gender	41Y/FEMALE		Visit Date	17/11/2022
Ref Doctor	MediWheel			

IMPRESSION:

- **ACR Type A parenchyma.**

- **Left breast lesions as described above- BIRADS -II.**

- **Microcalcifications- BIRADS-II.**

      - Suggested USG Correlation.

    - Suggested Annual Review Scans- ACR guidelines.

Dr Sharanya.S MD, DNB
Radiologist

Category – (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b – Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.

Name	DEEPA G	Customer ID	PRT17586
Age & Gender	41Y/F	Visit Date	Nov 17 2022 12:13PM
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X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal.

The heart size and configuration are within normal limits.

The aortic arch is normal.

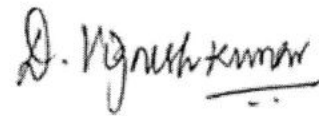The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**

Dr. D. Vignesh Kumar MBBS, DNB(RD)
Consultant Radiologist

Name	MS.DEEPA G	ID	PRT17586
Age & Gender	41Y/FEMALE	Visit Date	14/11/2022
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DEPARTMENT OF CARDIOLOGY
TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:

ACOUSTIC WINDOW : POOR

LV STUDY

IVS(d)	cm	0.7
IVS(s)	cm	1.0
LPW(d)	cm	0.7
LPW(s)	cm	1.1
LVID(d)	cm	3.8
LVID(s)	cm	2.6
EDV	ml	56
ESV	ml	17
SV	ml	38
EF	%	63
FS	%	31

Parameters		Patient Value
LA	cm	2.8
AO	cm	3.8

DOPPLER PARAMETERS

Valves	Velocity max(m/sec mm/Hg)
AV	0.6 / 2
PV	0.8 / 3
MV (E)	0.7
(A)	0.5
TV	1.1 / 5

FINDINGS:

❖ Normal left ventricle systolic function (LVEF 63 %).

❖ No obvious regional wall motion abnormality.

❖ Normal chambers dimension.

❖ Trivial mitral regurgitation.

❖ No pulmonary hypertension.

❖ Normal right ventricle systolic function.
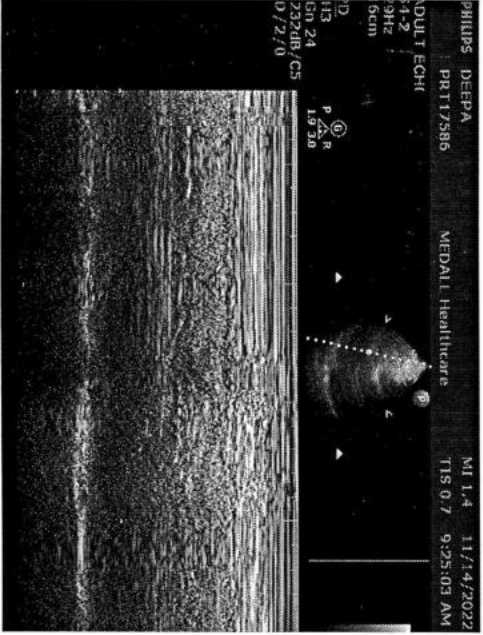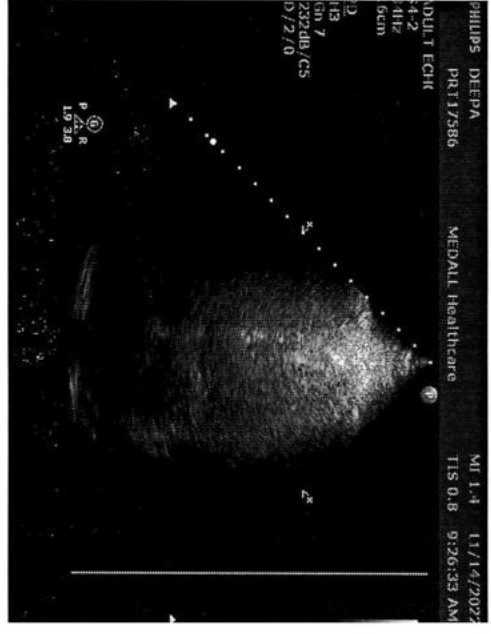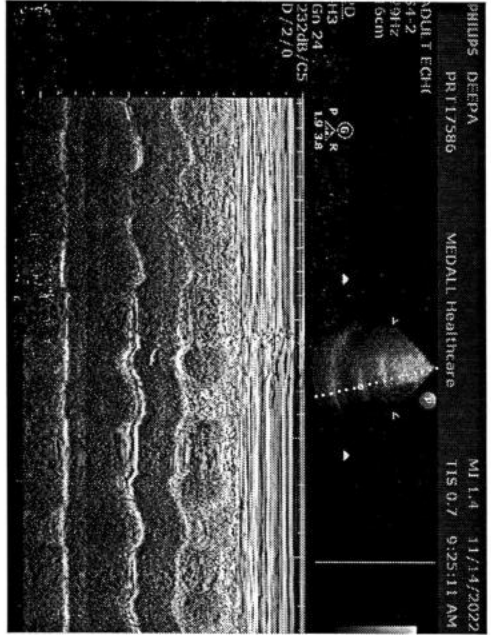
❖ Normal pericardium / Intact septae.

❖ No clot/aneurysm.

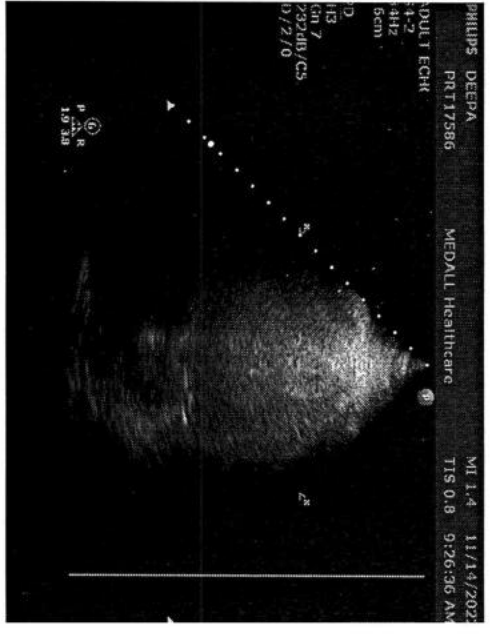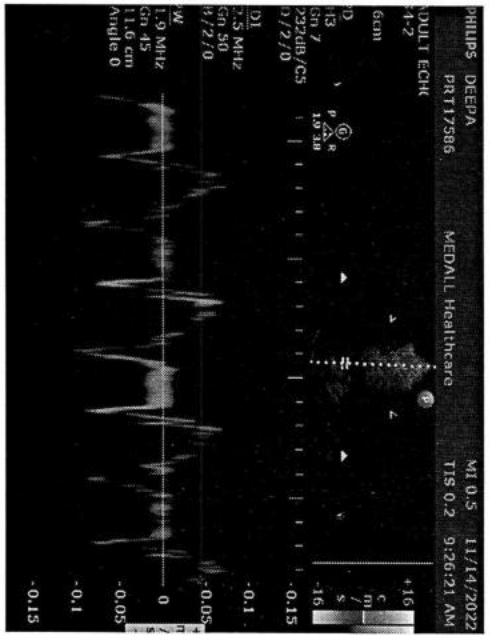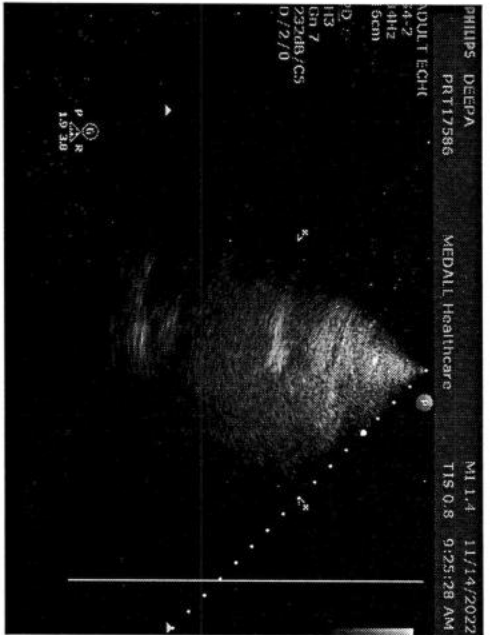### IMPRESSION:

▶ *NORMAL LV SYSTOLIC FUNCTION.*
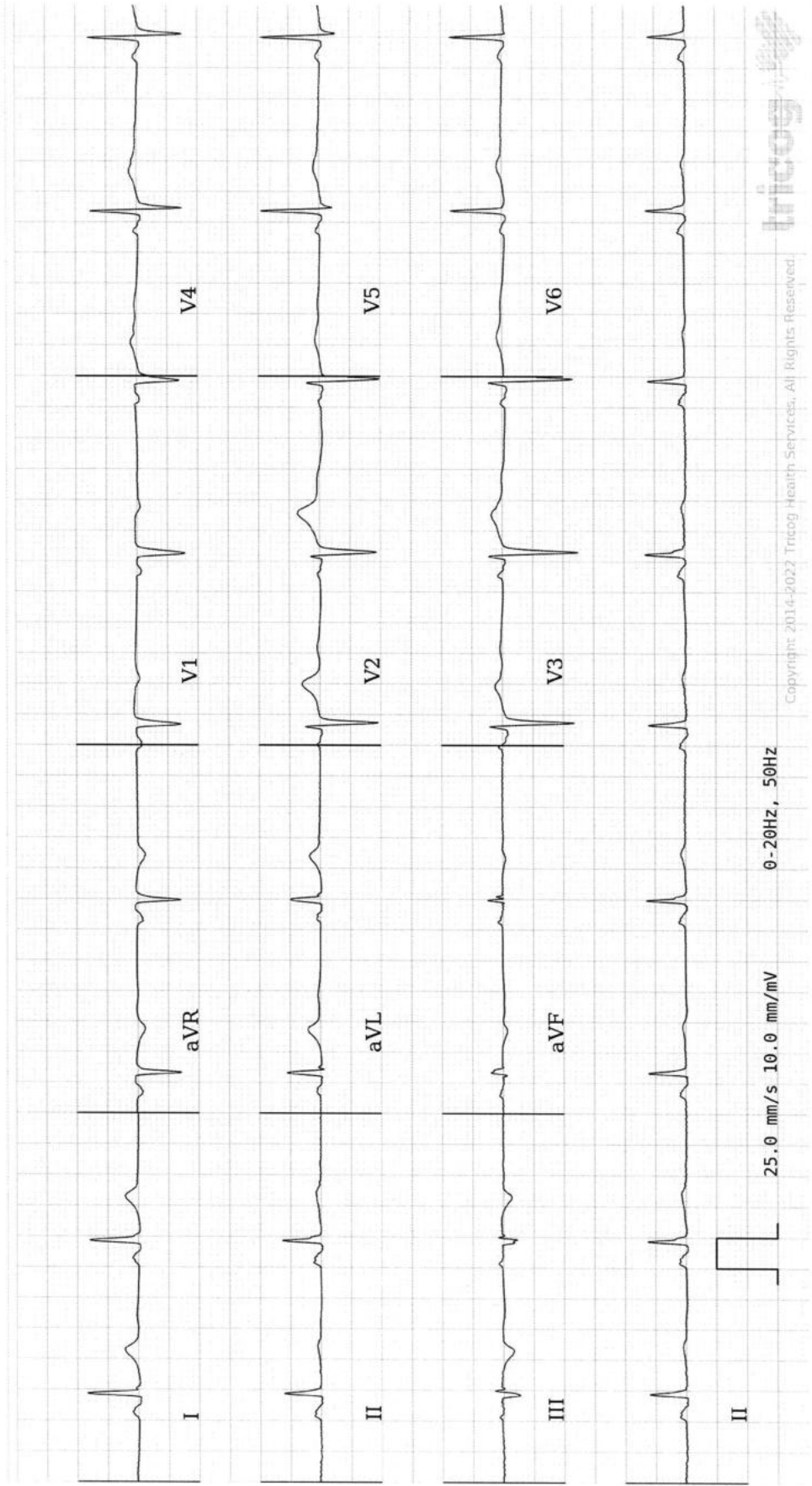▶ *NO OBVIOUS REGIONAL WALL MOTION ABNORMALITY.*
▶ *TRIVIAL MR.*
▶ *NO PHT.*

P. VIJAYA LAKSHMI
ECHO TECHNICIAN

medall
DIAGNOSTICS
experts who care

Medall Healthcare Pvt Ltd,Chennai Reference Lab,
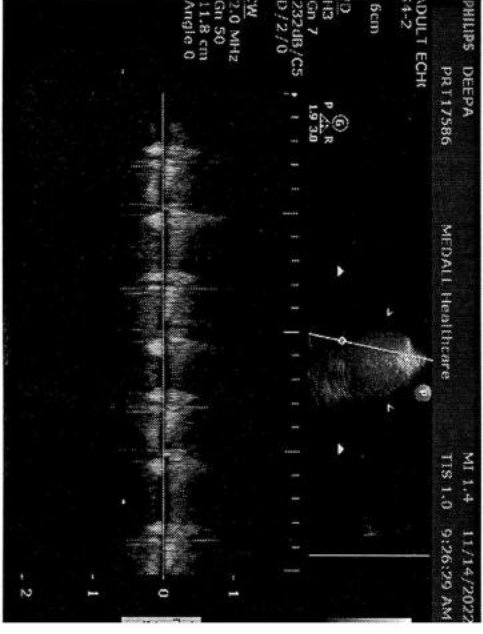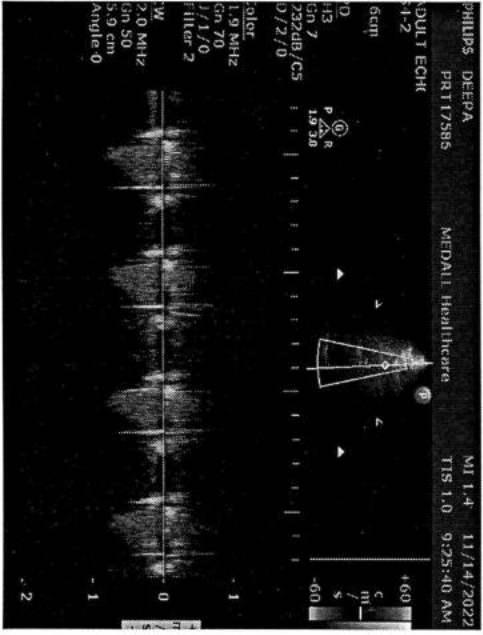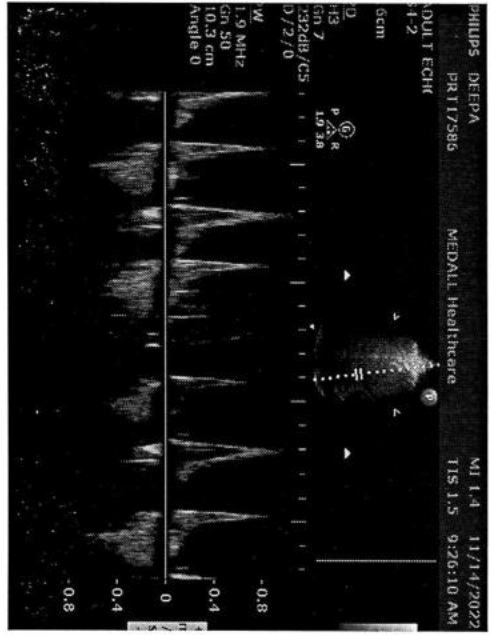
Age / Gender:	41/Female	Date and Time: 14th Nov 22 10:49 AM
Patient ID:	Prt17586	
Patient Name:	Deepa	

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

AR: 54.0bpm   VR: 54.0bpm   QRSD: 84.0ms   QT: 394.0ms   QTc: 374.0ms   PRI: 140.0ms   P-R-T: 33.0° 17.0° -24.0°

Sinus Bradycardia, Abnormal T waves suggestive of Inferior Wall Ischemia.Please correlate clinically.

REPORTED BY

Dr Ponnambalam

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

Customer Name	MS. Deepa . G	Customer ID	
Age & Gender	41 / Female	Visit Date	17/11/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6|6	6|6
Colour Vision	Normal	Normal

Observation / Comments:

Normal Eye Vision

17/11/2022

ms. Deepa. G 41/F

Datal

→ NO Cavity
→ plaques ⊕
→ no tartrate
→ Alignment good
→ No loss of tooth

Dr NOUR MOHAMMED RIZWAN A M.B.B.S.,FDM
Reg. No: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.