Name	CHAUDHARY MANISHA BIRENDRANATH	Customer ID	MED121237311
Age & Gender	31Y/F	Visit Date	Aug 9 2022 9:26AM
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. Rama Krishnan. MD, <u>DNB.</u>, Consultant Radiologist. Medall Healthcare Pvt Ltd.

BIRENDRANATH

PID No. : MED121237311 Collection On : 09/08/2022 11:49 AM

 SID No.
 : 132212382
 Report On
 : 10/08/2022 9:41 AM

 Age / Sex
 : 31 Year(s) / Female
 Printed On
 : 22/08/2022 5:27 PM

Ref. Dr : MediWheel Type : OP

<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'B' 'Positive'

/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

BIOCHEMISTRY

BUN / Creatinine Ratio 10.5

Glucose Fasting (FBS) (Plasma - F/GOD- 78.0 mg/dL Normal: < 100

PAP)

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) Negative Negative

Glucose Postprandial (PPBS) (Plasma - PP/ 120 mg/dL 70 - 140

GOD-PAP)

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/ Agglutination)	8.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.8	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)	4.3	mg/dL	2.6 - 6.0
Liver Function Test			
GGT(Gamma Glutamyl Transpeptidase) (Serum/Jaffe Kinetic)	19.0	U/L	< 38
Bilirubin(Total) (Serum/DCA with ATCS)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/photometry)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/RIA)	0.60	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.0	U/L	5 - 41



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Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	74.0	U/L	42 - 98
Total Protein (Serum/Phosphomolybdate/UV)	7.2	gm/dL	6.0 - 8.0
Albumin (Serum/Jaffe Kinetic / derived)	4.5	gm/dL	3.5 - 5.2
Globulin (Serum/RIA)	2.70	gm/dL	2.3 - 3.6
A: GRATIO (Serum/RIA)	1.67		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	166	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	139	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)	47.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	90.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	27.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	118.5	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.



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Investigation Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	Observed Value 3.5	<u>Unit</u>	Biological Reference Interval 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)	2.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 96.8 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.

HAEMATOLOGY

Complete Blood Count With - ESR

Absolute Eosinophil Count (AEC) (Blood/ Automated Blood cell Counter)	0.15	10^3 / μΙ	0.04 - 0.44
Absolute Lymphocyte Count (Blood/ Automated Blood cell Counter)	1.20	10^3 / μΙ	1.5 - 3.5
PCT (Blood)	0.27	%	0.18 - 0.28
MPV (Blood/Automated Blood cell Counter)	8.9	fL	8.0 - 13.3
Absolute Basophil count (Blood/Automated Blood cell Counter)	0.02	10^3 / μΙ	< 0.2
Absolute Monocyte Count (Blood/Automated Blood cell Counter)	0.62	10^3 / μΙ	< 1.0
Absolute Neutrophil count (Blood/ Automated Blood cell Counter)	5.5	10^3 / μΙ	1.5 - 6.6
RDW-CV (Blood)	12.9	%	11.5 - 16.0
RDW-SD (Blood)	38.6	fL	39 - 46



Diabetic: >= 6.5

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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval	
Haemoglobin (Blood/Automated Blood cell Counter)	14.5	g/dL	12.5 - 16.0	
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	40.5	%	37 - 47	
RBC Count (Blood/Automated Blood cell Counter)	4.6	mill/cu.mm	4.2 - 5.4	
MCV (Mean Corpuscular Volume) (Blood/ Automated Blood cell Counter)	87.6	fL	78 - 100	
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	31.5	pg	27 - 32	
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	35.0	g/dL	32 - 36	
Platelet Count (Blood/Automated Blood cell Counter)	281	10^3 / μΙ	150 - 450	
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	7500	cells/cu.mm	4000 - 11000	
Diferential Leucocyte Count				
Neutrophils (Blood)	73.6	%	40 - 75	
Lymphocytes (Blood)	15.9	%	20 - 45	
Eosinophils (Blood)	2.0	%	01 - 06	
Monocytes (Blood)	8.1	%	01 - 10	
Basophils (Blood)	0.3	%	00 - 02	
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed				

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

ESR (Erythrocyte Sedimentation Rate) 08 mm/hr < 20 (Blood/Automated ESR analyser)

<u>Immunology</u>

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ 1.15 ng/ml 0.7 - 2.04

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 (Tyroxine) - Total (Serum/ 7.02 μg/dl 4.2 - 12.0

Chemiluminescent Immunometric Assay (CLIA))

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

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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 2.51 μIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

(CLIA))

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.

Urine Analysis - Routine

BIOCHEMISTRY

Urine Sugar (Urine) Negative

INTERPRETATION:

Comments:

Reference Range for Glucose is not established for body fluids. Physician to correlate clinically.

Clinical Pathology

Colour (Urine)Pale yellowYellow to AmberpH (Urine)6.04.5 - 8.0Specific Gravity (Urine)1.0151.002 - 1.035Urine Protein / Albumin (Urine)NegativeNegative

Ketone (Urine) Negative Negative

Bilirubin (Serum) Nil mg/dL

Urobilinogen (Urine)NormalNormal

Pus Cells (Urine) 1-2 /hpf NIL

Epithelial Cells (Urine) 2-3 /hpf NIL

RBCs (Urine) Nil /hpf NIL

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

Name : Mrs. CHAUDHARY MANISHA

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Casts (Urine) Nil /hpf NIL

Urine Crystals (Stool) Nil /hpf NIL

Others (Urine) Nil

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --



