

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.

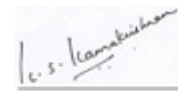
Cardiac size is within normal limits.

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, DNB.,  
Consultant Radiologist,  
Medall Healthcare Pvt Ltd.**



**Name** : Mrs. CHAUDHARY MANISHA  
BIRENDRANATH  
**PID No.** : MED121237311  
**SID No.** : 132212382  
**Age / Sex** : 31 Year(s) / Female  
**Ref. Dr** : MediWheel

**Register On** : 09/08/2022 10:14 AM  
**Collection On** : 09/08/2022 11:49 AM  
**Report On** : 10/08/2022 9:41 AM  
**Printed On** : 22/08/2022 5:27 PM  
**Type** : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Alkaline Phosphatase (SAP)</b> (Serum/Modified IFCC)	74.0	U/L	42 - 98
<b>Total Protein</b> (Serum/Phosphomolybdate/UV)	7.2	gm/dL	6.0 - 8.0
<b>Albumin</b> (Serum/Jaffe Kinetic / derived)	4.5	gm/dL	3.5 - 5.2
<b>Globulin</b> (Serum/RIA)	2.70	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/RIA)	1.67		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	166	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (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.

<b>HDL Cholesterol</b> (Serum/Immunoinhibition)	<b>47.5</b>	mg/dL	Optimal(Negative Risk Factor): >= 80 Borderline: 50 - 59 High Risk: < 50
<b>LDL Cholesterol</b> (Serum/Calculated)	90.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	27.8	mg/dL	< 30
<b>Non HDL Cholesterol</b> (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.

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

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<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	3.5		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
<b>Triglyceride/HDL Cholesterol Ratio</b> <b>(TG/HDL)</b> (Serum/Calculated)	2.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/ Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
<b>HbA1C</b> (Whole Blood/HPLC)	5.0	%	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) 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**

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

  
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<b>Haemoglobin</b> (Blood/Automated Blood cell Counter)	14.5	g/dL	12.5 - 16.0
<b>PCV (Packed Cell Volume) / Haematocrit</b> (Blood/Automated Blood cell Counter)	40.5	%	37 - 47
<b>RBC Count</b> (Blood/Automated Blood cell Counter)	4.6	mill/cu.mm	4.2 - 5.4
<b>MCV (Mean Corpuscular Volume)</b> (Blood/Automated Blood cell Counter)	87.6	fL	78 - 100
<b>MCH (Mean Corpuscular Haemoglobin)</b> (Blood/Automated Blood cell Counter)	31.5	pg	27 - 32
<b>MCHC (Mean Corpuscular Haemoglobin concentration)</b> (Blood/Automated Blood cell Counter)	35.0	g/dL	32 - 36
<b>Platelet Count</b> (Blood/Automated Blood cell Counter)	281	10 <sup>3</sup> / µl	150 - 450
<b>Total WBC Count (TC)</b> (Blood/Automated Blood cell Counter)	7500	cells/cu.mm	4000 - 11000
<b><u>Diferential Leucocyte Count</u></b>			
<b>Neutrophils</b> (Blood)	73.6	%	40 - 75
<b>Lymphocytes</b> (Blood)	<b>15.9</b>	%	20 - 45
<b>Eosinophils</b> (Blood)	2.0	%	01 - 06
<b>Monocytes</b> (Blood)	8.1	%	01 - 10
<b>Basophils</b> (Blood)	0.3	%	00 - 02

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

<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated ESR analyser)	08	mm/hr	< 20
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## Immunology

### THYROID PROFILE / TFT

<b>T3 (Triiodothyronine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.15	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.

<b>T4 (Tyroxine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.02	µg/dl	4.2 - 12.0
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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

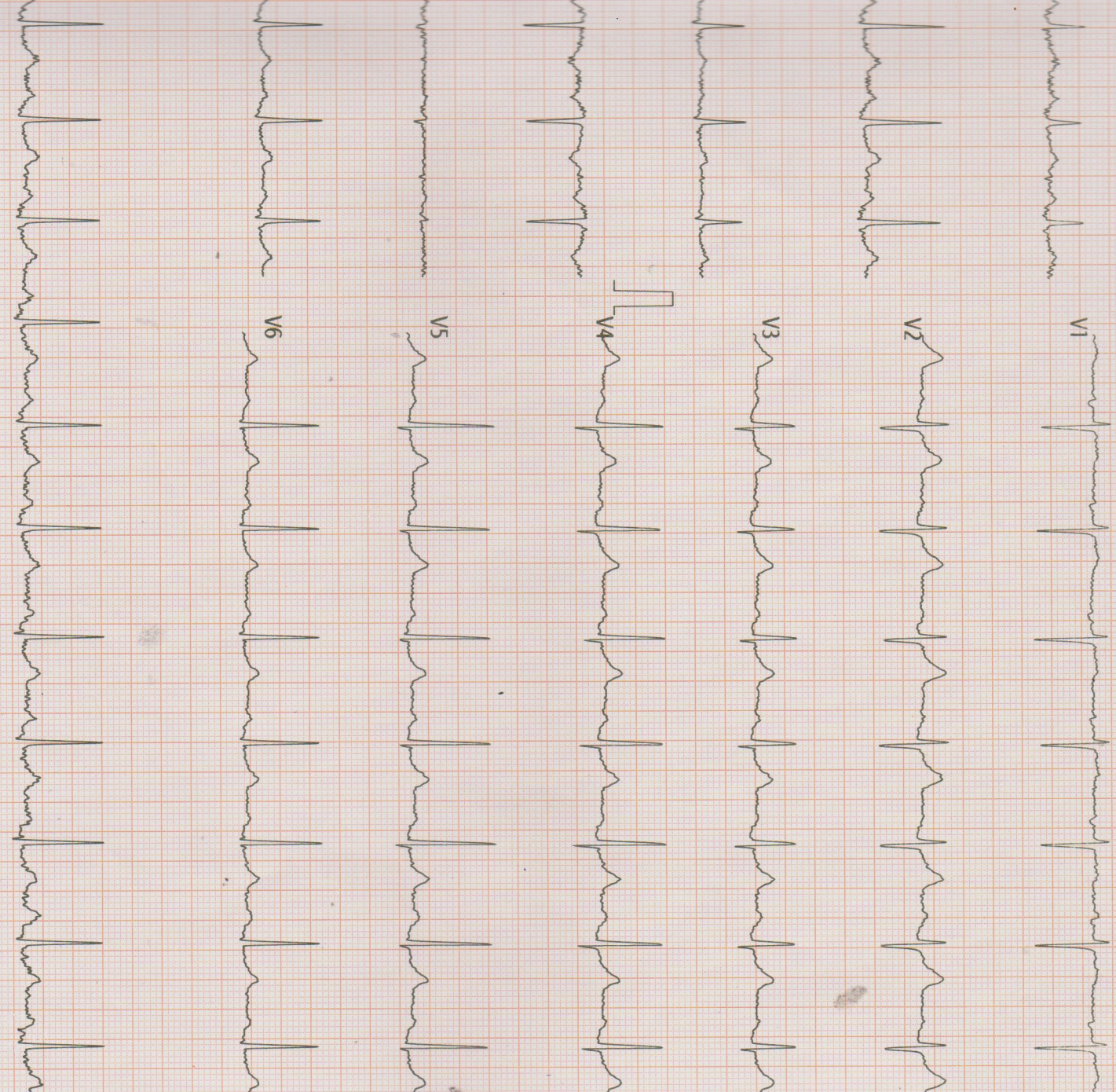
-- End of Report --



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Manisha B. Pandeyanath 31 9/8/22



Vent. Rate(BPM): 86  
 PR Int.(ms): 155  
 P/QRS/T Int.(ms): 109 90 168  
 QT/QTc Int.(ms): 360 433  
 P/QRS/T Axis(Deg): 17 62 62  
 RV1/SV5 Amp.(mV): 0.25 0.14  
 RV5/SV1 Amp.(mV): 1.37 0.92

<ECG Analysis Result>  
 800 Normal Sinus Rhythm  
 \*\*\* Normal ECG \*\*\*

V2.33 Technician :

Note: Unconfirmed Report Need to Review.

ST LEVEL (mV)

	I	II	III	aVR	aVL	aVF
	+0.02	+0.02	+0.00	-0.02	+0.00	+0.01
V1	V2	V3	V4	V5	V6	
	+0.02	+0.07	+0.04	+0.03	+0.02	+0.01

132212382  
 MRS. CHAUDHARY MANISHA BIRENDRAN.  
 MED1212373310 2109-08-2210:04 AM