Name	SUSEELA RANI	ID	MED110900588
Age & Gender	51Year(s)/FEMALE	Visit Date	1/22/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged in size (15.5 cms) and shows diffuse fatty changes. No focal mass seen.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 11.8 x 4.1 cms.

The left kidney measures 12.4 x 4.8 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

Name	SUSEELA RANI	ID	MED110900588
Age & Gender	51Year(s)/FEMALE	Visit Date	1/22/2022 12:00:00 AM
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The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 11.3 x 3.8 cms. *It is stretched (Post LSCS).*

Myometrial echoes are homogeneous.

The endometrial thickness is 4 mm.

Both ovaries are atrophic.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

Umbilical hernia with fat as contents is seen. Size of the defect is 1.1 cm.

IMPRESSION:

- **Enlarged fatty liver.**
- **Umbilical hernia.**

ss

DR. S.GNANAM MBBS.,DMRD.,

CONSULTANT RADIOLOGIST

Name	SUSEELA RANI	Customer ID	MED110900588
Age & Gender	51Y/F	Visit Date	Jan 22 2022 9:03AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

Sub-optimal inspiratory effort is noted due to which cardiac size cannot be assessed.

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.

Rekha S Cherian

DR.REKHA S.CHERIAN, DMRD.DNB.FRCR.,
CONSULTANT RADIOLOGIST

Name	SUSEELA RANI	Customer ID	MED110900588
Age & Gender	51Y/F	Visit Date	Jan 22 2022 9:03AM
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Rekha S Cherian

DR.REKHA S.CHERIAN, DMRD.DNB.FRCR.,
CONSULTANT RADIOLOGIST

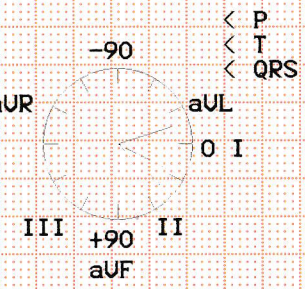
ARROW CE

GE MAC1200 ST MRS SUSEELA RANI, 51/F MED900588, MEDALL, ADYAR

HR 78bpm

Measurement Results:

QRS	86 ms	
QT/QTcB	400 / 456 ms	
PR	130 ms	
P	108 ms	
RR/PP	762 / 765 ms	
P/QRS/T	44/ -18/ 27 degrees	

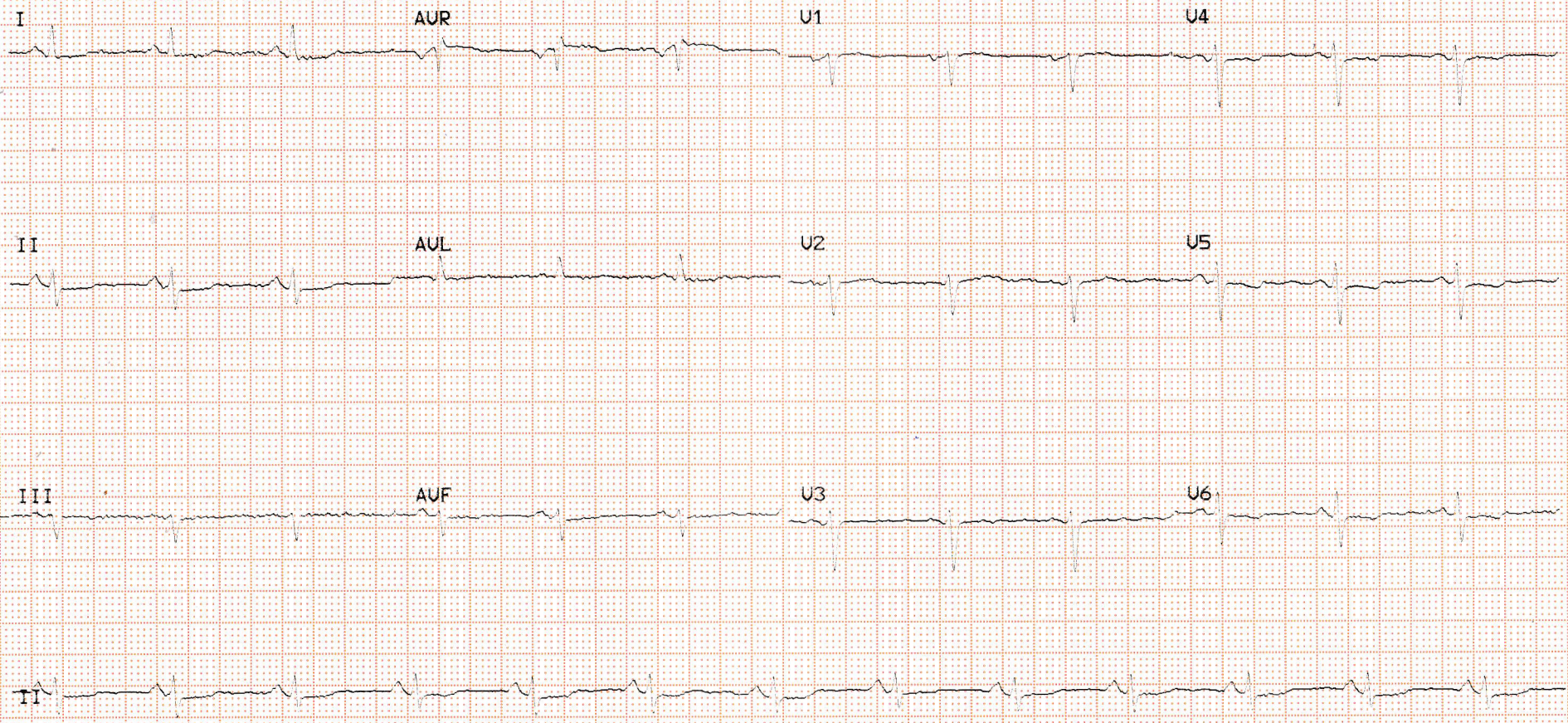


< P
< T
< QRS

Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Low voltage QRS
Nonspecific T wave abnormality
Abnormal ECG

89.4
148.5
40.5

Unconfirmed report



22 Jan 2022 09:06:14 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1 Automatic V6.2.12i (1) 12SL@v231

Name	SUSEELA RANI	ID	MED110900588
Age & Gender	51Year(s)/FEMALE	Visit Date	1/22/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

ECHO CARDIOGRAM REPORT

MEASUREMENTS:

AO	2.5 cm	**IVS**	0.8/1.0 cm
LA	2.7 cm	**LVPW**	0.8/0.9 cm
LVID (Ed)	4.8 cm	**EF**	67 %
LVID (Es)	3.0 cm	**FS**	37 %

LV SEGMENTAL ANALYSIS:

4 CHAMBERS : NORMAL

2 CHAMBERS : NORMAL

LAX : NORMAL

SAX : NORMAL

LEFT VENTRICLE : NORMAL

RIGHT VENTRICLE : NORMAL

THROMBUS : NIL

ATRIA : NORMAL

INTER ATRIAL SEPTUM : INTACT

INTER VENTRICULAR SEPTUM : INTACT

AORTA : NORMAL

PULMONARY ARTERY : NORMAL

VALVES:

MITRAL VALVE:-

AML : NORMAL

PML : NORMAL

ANNULUS : NORMAL

CHOARDAE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

Name	SUSEELA RANI	ID	MED110900588
Age & Gender	51Year(s)/FEMALE	Visit Date	1/22/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

DOPPLER DATA:

MITRAL VALVE	:	E > A, NO MR
		E: 0.5 m/s, A: 0.6 m/s
AORTIC VALVE	:	NO AR, NO AS, VEL: 0.7 m/s.
PULMONARY VALVE	:	NO PR, NO PS, VEL: 0.8 m/s.
TRICUSPID VALVE	:	NO TR

IMPRESSION:

- **NORMAL CHAMBERS AND DIMENSIONS.**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL LV SYSTOLIC FUNCTION, LVEF 67 %.**
- **GRADE I LV DIASTOLIC DYSFUNCTION.**
- **NO PULMONARY ARTERY HYPERTENSION.**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO CLOT / PERICARDIAL EFFUSION.**
- **NORMAL STUDY.**

Prof. N. Subramanian MD, DM(CARD) FRCP, FACC
Consultant Cardiologist

Done By :- Mahalakshmi G

Name	: **Mrs. SUSEELA RANI**		
PID No.	: MED110900588	**Register On**	: 22/01/2022 9:27 AM
SID No.	: 1802203871	**Collection On**	: 22/01/2022 9:38 AM
Age / Sex	: 51 Year(s) / Female	**Report On**	: 22/01/2022 5:50 PM
Type	: OP	**Printed On**	: 24/01/2022 10:41 AM
Ref. Dr	: **MediWheel**		

MEDALL

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

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/*Spectrophotometry)*	13.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	42.1	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation)*	5.13	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	82.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	27.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	14.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	42.9	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	10700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	67.0	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	25.5	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.1	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	5.0	%	01 - 10

K. R. Mukilarasi
Dr.K.R. MUKILARASI M.D.,(Path)
Consultant Pathologist
TNMC Reg.No: 116296

APPROVED BY

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

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	**7.2**	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.7	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.2	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.5	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.0	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	208	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	9.4	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter)*	0.195	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	17	mm/hr	< 30
BUN / Creatinine Ratio	18.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**119.9**	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)*	**227.5**	mg/dL	70 - 140

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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.			
Urine Glucose(PP-2 hours) (Urine - PP)	**Positive(+)**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	10.7	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	**0.57**	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*)	3.2	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS*)	0.70	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.53	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC*)	22.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC*)	21.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	**38.0**	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	127.0	U/L	53 - 141
Total Protein (Serum/*Biuret*)	6.34	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.02	gm/dl	3.5 - 5.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Globulin (Serum/*Derived)*	2.32	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.73		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	181.0	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.

HDL Cholesterol (Serum/*Immunoinhibition)*	**44.5**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	**119.6**	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)*	136.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*	4.1		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)*	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC)*	**6.2**	%	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*)*	131.24	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	1.28	ng/ml	0.4 - 1.81

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.

K. R. Mukilarasi
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	10.42	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)*)	3.05	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.

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)*	**1 - 2**	/hpf	NIL
Epithelial Cells (Urine/*Automated – Flow cytometry)*	**1 - 2**	/hpf	NIL
RBCs (Urine/*Automated – Flow cytometry)*	NIL	/hpf	NIL
Casts (Urine/*Automated – Flow cytometry)*	NIL	/hpf	NIL

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
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.

K. R. Mukilarasi
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Name	SUSEELA RANI	ID	MED110900588
Age & Gender	51Year(s)/FEMALE	Visit Date	1/22/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

X-RAY MAMMOGRAPHY OF BOTH BREASTS

Soft tissue X-ray mammography of both breasts was performed using the cranio-caudal and medio-lateral oblique views.

Both breasts show fibroglandular and fatty densities.

No mass or calcification seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

Benign lymph nodes are seen in both axilla.

On USG screening:

A tiny clear cyst of 0.4 cm is seen in the 2 o' clock position of left breast.

IMPRESSION:

- **Tiny cyst in left breast.**
- **BIRADS - II.**

ss

DR. S.GNANAM MBBS.,DMRD.,

CONSULTANT RADIOLOGIST

NB: BIRADS Categories.

Name	SUSEELA RANI	ID	MED110900588
Age & Gender	51Year(s)/FEMALE	Visit Date	1/22/2022 12:00:00 AM
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I Normal.

II Benign finding.

III Probably benign, to be followed up after 6 months.

IV Indeterminate lesion, biopsy necessary.

V Highly suggestive of malignancy.

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SID No.	: 1802203871	**Report On**	: 24/01/2022 5:12 PM
Age / Sex	: 51 Year(s) / Female	**Printed On**	: 27/01/2022 11:53 AM
Ref. Dr	: **MediWheel**	**OP / IP**	: OP

MEDALL

Pap Smear

SPECIMEN NO : Cy 144/2022

MICROSCOPIC FINDINGS:

ADEQUACY: Satisfactory.

PREDOMINANT CELLS: Superficial and intermediate cells.

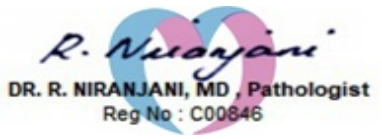
BACKGROUND: Neutrophils.

ORGANISMS: No specific organisms.

IMPRESSION:

Inflammatory Smear.

Negative for intraepithelial lesion/ malignancy.



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medall
DIAGNOSTICS
experts who care

Name: MRS. SUSEELA RANI **Age: 51 Years**

Date : 22/01/2022 **Sex: FEMALE**

		Right Eye	Left Eye
DISTANT VISION	**Without Glasses** / **With Glasses**	**6/12** / **6/6**	**6/12** / **6/6**
NEAR VISION	**Without Glasses** / **With Glasses**	**N10** / **N6**	**N10** / **N6**
COLOUR VISION		**NORMAL**	
EXTERNAL EYE EXAMINATION			

REMARKS: Normal

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