| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **HAEMATOLOGY** | | | |
| ***Complete Blood Count With - ESR*** | | | |
| Haemoglobin (EDTA Blood/*Spectrophotometry*) | 14.4 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood) | 44.8 | % | 37 - 47 |
| RBC Count (EDTA Blood) | 5.30 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (EDTA Blood) | 84.4 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood) | 27.2 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood) | 32.3 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood) | 14.4 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood) | 42.54 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood) | 10600 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood) | 51.6 | % | 40 - 75 |
| Lymphocytes (EDTA Blood) | 31.4 | % | 20 - 45 |
| Eosinophils (EDTA Blood) | **10.8** | % | 01 - 06 |
| Monocytes (EDTA Blood) | 5.5 | % | 01 - 10 |

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

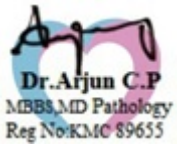
**APPROVED BY**

*The results pertain to sample tested.*

| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Basophils<br>(Blood) | 0.7 | % | 00 - 02 |
| **INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count<br>(EDTA Blood) | 5.47 | 10^3 / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count<br>(EDTA Blood) | 3.33 | 10^3 / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC)<br>(EDTA Blood) | **1.14** | 10^3 / µl | 0.04 - 0.44 |
| Absolute Monocyte Count<br>(EDTA Blood) | 0.58 | 10^3 / µl | < 1.0 |
| Absolute Basophil count<br>(EDTA Blood) | 0.07 | 10^3 / µl | < 0.2 |
| Platelet Count<br>(EDTA Blood) | 273 | 10^3 / µl | 150 - 450 |
| MPV<br>(EDTA Blood) | 8.1 | fL | 8.0 - 13.3 |
| PCT<br>(EDTA Blood/*Automated Blood cell Counter*) | 0.22 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate)<br>(Citrated Blood) | **30** | mm/hr | < 20 |




**APPROVED BY**

| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **BIOCHEMISTRY** | | | |
| ***Liver Function Test*** | | | |
| Bilirubin(Total)<br>(Serum/*DCA with ATCS)* | 0.56 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct)<br>(Serum/*Diazotized Sulfanilic Acid)* | 0.20 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect)<br>(Serum/*Derived)* | 0.36 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/*Modified IFCC)* | 24.82 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/*Modified IFCC)* | 26.37 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/*IFCC / Kinetic)* | **47.77** | U/L | < 38 |
| Alkaline Phosphatase (SAP)<br>(Serum/*Modified IFCC)* | **117.8** | U/L | 42 - 98 |
| Total Protein<br>(Serum/*Biuret)* | 7.16 | gm/dl | 6.0 - 8.0 |
| Albumin<br>(Serum/*Bromocresol green)* | 4.15 | gm/dl | 3.5 - 5.2 |
| Globulin<br>(Serum/*Derived)* | 3.01 | gm/dL | 2.3 - 3.6 |
| A : G RATIO<br>(Serum/*Derived)* | 1.38 | | 1.1 - 2.2 |

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

**APPROVED BY**

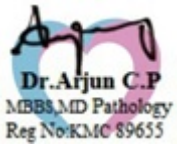
| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| ***Lipid Profile*** | | | |
| Cholesterol Total<br>(Serum/*CHOD-PAP with ATCS)* | 195.72 | mg/dL | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240 |
| Triglycerides<br>(Serum/*GPO-PAP with ATCS)* | 143.96 | mg/dL | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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<br>(Serum/*Immunoinhibition)* | **42.25** | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 50 - 59<br>High Risk: < 50 |
| LDL Cholesterol<br>(Serum/*Calculated)* | 124.7 | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190 |
| VLDL Cholesterol<br>(Serum/*Calculated)* | 28.8 | mg/dL | < 30 |
| Non HDL Cholesterol<br>(Serum/*Calculated)* | 153.5 | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>Very High: >= 220 |




**APPROVED BY**

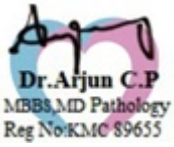
| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| 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<br>(Serum/*Calculated*) | 4.6 | | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL)<br>(Serum/*Calculated*) | 3.4 | | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio<br>(Serum/*Calculated*) | 3 | | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |




**APPROVED BY**

| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| ***Glycosylated Haemoglobin (HbA1c)*** | | | |
| HbA1C<br>(Whole Blood/*HPLC)* | **10.5** | % | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>Diabetic: >= 6.5 |

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

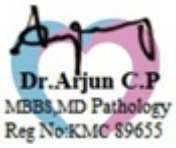
| | | | |
|---|---|---|---|
| Estimated Average Glucose<br>(Whole Blood*)* | 254.65 | mg/dL | |

**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.




**APPROVED BY**

| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|

## IMMUNOASSAY

### *THYROID PROFILE / TFT*

| | | | |
|---|---|---|---|
| T3 (Triiodothyronine) - Total<br>(Serum/*ECLIA*) | 1.21 | 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<br>(Serum/*ECLIA*) | 9.41 | 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)<br>(Serum/*ECLIA*) | 0.935 | 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.

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
**APPROVED BY**

| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **CLINICAL PATHOLOGY** | | | |
| ***PHYSICAL EXAMINATION (URINE COMPLETE)*** | | | |
| Colour (Urine) | Yellow | | Yellow to Amber |
| Appearance (Urine) | Clear | | Clear |
| Volume(CLU) (Urine) | 20 | | |
| ***CHEMICAL EXAMINATION (URINE COMPLETE)*** | | | |
| pH (Urine) | 5.0 | | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.029 | | 1.002 - 1.035 |
| Ketone (Urine) | **Positive(+)** | | Negative |
| **Remark:** Rechecked | | | |
| Urobilinogen (Urine) | Normal | | Normal |
| Blood (Urine) | Negative | | Negative |
| Nitrite (Urine) | Negative | | Negative |
| Bilirubin (Urine) | Negative | | Negative |
| Protein (Urine) | **Trace** | | Negative |

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

**APPROVED BY**

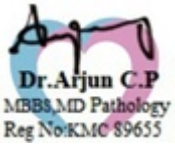
| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Glucose (Urine/*GOD - POD*) | **Positive(+)** | | Negative |
| Leukocytes(CP) (Urine) | Negative | | |
| ***MICROSCOPIC EXAMINATION (URINE COMPLETE)*** | | | |
| Pus Cells (Urine) | **0-2** | /hpf | NIL |
| Epithelial Cells (Urine) | **0-2** | /hpf | NIL |
| RBCs (Urine) | 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.

| | | | |
|---|---|---|---|
| Casts (Urine) | NIL | /hpf | NIL |
| Crystals (Urine) | NIL | /hpf | NIL |




**APPROVED BY**

| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **IMMUNOHAEMATOLOGY** | | | |
| BLOOD GROUPING AND Rh TYPING<br>(EDTA Blood/*Agglutination)* | 'B' 'Positive' | | |

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
**APPROVED BY**

| | | | |
|---|---|---|---|
| **Name** | : **Ms. Bhuvaneshwari G** | | |
| **PID No.** | : MED130038156 | **Register On** | : 12/11/2022 8:39 AM |
| **SID No.** | : 422076937 | **Collection On** | : 12/11/2022 9:19 AM |
| **Age / Sex** | : 49 Year(s) / Female | **Report On** | : 12/11/2022 5:44 PM |
| **Type** | : OP | **Printed On** | : 05/12/2022 5:49 PM |
| **Ref. Dr** | : **MediWheel** | | |

MEDALL

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **BIOCHEMISTRY** | | | |
| BUN / Creatinine Ratio | 10.8 | | 6.0 - 22.0 |
| Glucose Fasting (FBS)<br>(Plasma - F/*GOD-PAP)* | **202.84** | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>Diabetic: >= 126 |

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

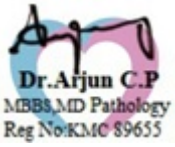
| | | | |
|---|---|---|---|
| Glucose, Fasting (Urine)<br>(Urine - F/*GOD - POD)* | + | | Negative |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/*GOD-PAP)* | **335.09** | mg/dL | 70 - 140 |

**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)<br>(Urine - PP*)* | ++++ | | Negative |
| Blood Urea Nitrogen (BUN)<br>(Serum/*Urease UV / derived)* | 8.9 | mg/dL | 7.0 - 21 |
| Creatinine<br>(Serum/*Modified Jaffe)* | 0.82 | 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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

| | | | |
|---|---|---|---|
| Uric Acid<br>(Serum/*Enzymatic)* | 3.58 | mg/dL | 2.6 - 6.0 |




**APPROVED BY**

-- End of Report --

| | | | |
|---|---|---|---|
| Name | Ms.Bhuvaneshwari G | ID | MED130038156 |
| Age & Gender | 49/FEMALE | Visit Date | 12/11/2022 |
| Ref Doctor Name | MediWheel | | |

**X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.**

## MAMMOGRAPHY OF BOTH BREASTS

**Both breasts show mixed fibro glandular fatty tissue.**

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

## SONOMAMMOGRAPHY OF BOTH BREASTS

**Both breasts show normal echopattern.**

**No evidence of focal solid / cystic areas in either breast.**

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

## IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY.**

**ASSESSMENT: BI-RADS CATEGORY -1**

**DR. APARNA**
**CONSULTANT RADIOLOGIST**
*A/VP*

**BI-RADS CLASSIFICATION**

| CATEGORY | RESULT |
|---|---|
| 0 | Assessment incomplete. Need additional imaging evaluation |

| Name | Ms.Bhuvaneshwari G | ID | MED130038156 |
|---|---|---|---|
| Age & Gender | 49/FEMALE | Visit Date | 12/11/2022 |
| Ref Doctor Name | MediWheel | | |

| | |
|---|---|
| **1** | **Negative. Routine mammogram in 1 year recommended.** |
| 2 | Benign finding. Routine mammogram in 1 year recommended. |
| 3 | Probably benign finding. Short interval follow-up suggested. |
| 4 | Suspicious. Biopsy should be considered. |
| 5 | Highly suggestive of malignancy. Appropriate action should be taken. |