

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms Uma Mani MRN: 15050000150267 Gender/Age: FEMALE, 59y (24/05/1963)

Collected On: 13/04/2023 09:50 AM Received On: 13/04/2023 10:00 AM Reported On: 13/04/2023 02:14 PM

Barcode: D62304130123 Specimen: Plasma Consultant: Dr. Praveen Roy(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9810672789

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (GOD/POD)	125 H	mg/dL	74.0-106.0
Post Prandial Blood Sugar (PPBS) (Enzyme Method (GOD POD))	162.9 H	mg/dL	100.0-140.0
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	166.5	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	96.5	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	49.0	mg/dL	40.0-60.0
Non-HDL Cholesterol	117.5	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	97.52	mg/dL	<100.0
VLDL Cholesterol (Calculated)	19.3	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.4		<4.5
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (ECLIA/ ELFA)	2.12	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	78.9	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (ECLIA))	1.85	uIU/ml	0.465-4.68
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Azobilirubin Dyphylline)	0.40	mg/dL	0.2-1.3

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1800-309-0309



Conjugated Bilirubin (Direct) (Dual Wavelength	0.08	mg/dL	0.0-0.4
Reflectance)	0.08		
Unconjugated Bilirubin (Indirect) (Calculated)	0.32	mg/dL	0.1-1.0
Total Protein (Biuret Method)	7.15	gm/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.11	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.04	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.35		0.9-2.0
SGOT (AST) (P - Phosphate)	23.5	U/L	14.0-36.0
SGPT (ALT) (P - Phosphate)	22.1	U/L	<35.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	70.7	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (GCNA)	35.5	U/L	12.0-43.0

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Dr. Amit Samadhiya MBBS, MD Biochemistry JUNIOR CONSULTANT, MBBS, MD Biochemistry, DMC - 14287

	HAEMA	TOLOGY	Ø.
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Spectrophotometry)	12.3	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.32 L	10^6/mm^3	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.7	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Calculated)	87.0	μm^3	83.0-101.0

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MCH (Mean Corpuscular Haemoglobin)	28.4	pg	27.0-32.0
Calculated)	28.4	РВ	
ACHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	g/dL	32.0-36.0
Red Cell Distribution Width (RDW) (Calculated)	12,1	%	11.5-14.0
Platelet Count (Electrical Impedance)	317	10 ³ /mm ³	150.0-450.0
Fotal Leucocyte Count(WBC) (Electrical mpedance)	8.1	10 ³ /mm ³	4.0-11.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (DHSS)	59.5	%	40.0-80.0
Lymphocytes (DHSS)	29.3	%	20.0-40.0
Monocytes (DHSS)	6.6	%	2.0-10.0
Eosinophils (DHSS)	4.1	%	1.0-6.0
Basophils (DHSS)	0.5	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.82	10 ³ /mm ³	2.0-7.5
Absolute Lympocyte Count (Calculated)	2.37	x10 ³ cells/µl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.53	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.33	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	x10 ³ cells/μl	0.02-0.1
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As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

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Patient Name: Ms Uma Mani MRN: 15050000150267 Gender/Age: FEMALE, 59y (24/05/1963)

Jorachi

Dr. Prachi

MBBS, MD Pathology

MBBS, MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

HAEMATOLOGY

Test

Result

Unit

Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR)

44 H

mm/hr

0.0-20.0

(Modified Westergren Method)

-- End of Report-

Dr. Shailja Bhatnagar

MBBS, DNB

CLINICAL ASSOCIATE, MBBS, DNB, DMC - 30522

Note

- * Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





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1800-30**9**-0309



DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On: 13/04/2023 09:50 AM Received On: 13/04/2023 10:00 AM Reported On: 13/04/2023 03:30 PM

Barcode: D62304130125 Specimen: Whole Blood Consultant: Dr. Praveen Roy(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9810672789

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (Enzymatic Method)	7.9 H	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017
Estimated Average Glucose	180.04	3	

Interpretation:

3. Any sample with >15% should be suspected of having a haemoglobin variant.

Interpretation Notes

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. Target goals of < 7.0 % may be beneficial in patients.
 Please co-relate with Blood Sugar Fasting.

RENAL PACKAGE - 2 (RFT FASTING)

Fasting Blood Sugar (FBS) (GOD/POD)	122.0 H	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	13.7	mg/dL	7.0-17,0
SERUM CREATININE			
Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	0.66	mg/dL	0.5-1.04
eGFR (Calculated)	91.7	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age

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^{1.} HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

^{2.} HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.



Serum Sodium (ISE Direct)	142.6	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.72	mmol/L	3,5-5.1
Serum Chloride (ISE Direct)	107.8 H	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruvate Carboxylase /Mdh Enzymatic End Piont Assay)	29.3	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Method)	8.92	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	2.03	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	6.05	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduction)	3.74	mg/dL	2.5-4.5

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Dr. Amit Samadhiya MBBS, MD Biochemistry JUNIOR CONSULTANT, MBBS, MD Biochemistry, DMC - 14287

*	BLOOD BA	ANK LAB
Test	Result	Unit
BLOOD GROUP & RH TYPING		. The property of the property
Blood Group	Α	
RH Typing	Positive	•

Mant-

Dr. Manoj Rawat Consultant & HOD, Blood Bank Center Consultant & HOD Blood Center, DMC - 38026

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Emergencies **73700-73700**

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	CLINICAL PAT	HOLOGY	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Pale Yellow	-	-
Appearance	Clear		
CHEMICAL EXAMINATION			
pH(Reaction) (Double Indicator Method)	6.0		4.8-7.5
Sp. Gravity (PKa Change Ionic Concentration Method)	1.015		1.002-1.030
Protein (Protein Error Method)	Negative	· . 4	
Jrine Glucose (GOD/POD)	Negative	*	Nil
Ketone Bodies	Negative		
Blood Urine (Pseudo Peroxidase Method)	Trace	=	-
MICROSCOPIC EXAMINATION			
Pus Cells	1-	/hpf	1-2
RBC	Not Seen	/hpf	0-3
Epithelial Cells	1-2/hpf	/hpf	2-3
Urine For Sugar (Fasting)	Negative		
Urine For Sugar (Post Prandial)	Negative	-	vi.

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Patient Name: Ms Uma Mani MRN: 15050000150267 Gender/Age: FEMALE, 59y (24/05/1963)

MBBS, MD Pathology

MBBS, MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

Note

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- Results relate to the sample only.
- Kindly correlate clinically.



Appointments

1800-309-0309



Patient Name	Uma Mani	Requested By	Dr. PRAVEEN ROY
MRN	15050000150267	Procedure DateTime	2023-04-13 16:25:18
Age/Sex	59Y 10M/Femalé	Hospital	NH-Dharamshila

Inv. No.: 10300

X-RAY CHEST (PA)

- Lung fields are clear.
- · Costophrenic angles are clear.
- · Both domes of diaphragm are normal.
- · Mediastinum and both hila are within normal limits.
- · Suggestion of cardiomegaly, CT ratio not valid as rotation to left.
- · Spondylodegenerative changes are seen in dorsal spine.



Dr. (Col.)Vikas Rastogi MBBS,MD SR. CONSULTANT RADIOLOGIST DML 89340



Appointments

1800-309-0309



Patient Name	Uma Mani	Requested By	Dr. PRAVEEN ROY
MRN	15050000150267	Procedure DateTime	2023-04-13 11:02:13
Age/Sex	59Y 10M/Female	Hospital	NH-Dharamshila

Investigation No. 4237

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size and shows grade I fatty change. A simple hepatic cyst of size 1.6 cm seen in segment IV. Normal sized intrahepatic biliary and vascular channels are seen. No focal lesion. The common bile duct and portal vein are normal.

Gall bladder: Normal in size with normal wall thickness and contents.

The pancreas: The pancreas shows normal contour, echogenicity and size.

The spleen: is normal in size, contour and echopattern.

The right kidney: The right kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 9.8 x 3.7 cm.

The left kidney: The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 10.8 x 4.1 cm.

Urinary bladder is normal in wall & contents.

Uterus is normal in size and echogenicity of the myometrium. It measures 5.5 x 2.6 x 4 cm.

Adnexa are clear.

No ascites seen.

Impression: Grade I fatty liver.

Dr. ANJANA CHANDRA

MBBS MD (Radiodiagnosis)

SR. CONSULTANT RADIOLOGIST DMC - 26625

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73700-73700



Transthoracic Echo color Doppler Report

Patient's Name	Ms. Uma Mani	Age/Sex	59Years/Female
Ref By:	Dr. Parveen Roy	Date:	13/04/2023
MRN No.	15050000150267	PVT/MRD/IPD	Mediwheel full body Health Check Up

Final Interpretation

- 1. Mild concentric LVH. (IVS = 11mm)
- No Regional wall motion abnormality, LVEF = 55-60%.
- 3. MIP Diastolic Dysfunction Grade I
- 4. LVEDP Normal
- Normal RV systolic function. TAPSE 2.8cm.
- Trace MR, No AR, No PR, Trace TR (PASP 35mmHg).
- 7. No clot/vegetation/pericardial effusion.
- 8. IVC <10mm with >50% collapsibility with respiration.

Morphology:-

- Left Ventricle: It is normal sized.
- Left Atrium: It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized. RV systolic function is normal.
- Aortic Valve: Aortic valve appears tricuspid & cusps are mildly thickened.
- Mitral Valve: open normally, Subvalvular apparatus appears normal.
- ❖ <u>Tricuspid valve:</u> It appears normal.
- Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.

DOPPLER/COLOUR FLOW

VALVE	MAX. VELOCITY cm/sec	PG/MG mmHg	REGURGITATION
MITRAL	E- 102cm/sec, A- 124cm/sec		Trace MR
AORTIC	122		No AR
TRICUSPID	274 (PASP –35 mmHg)		Trace TR
PULMONARY	95		No PR

Contd.....



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Uma Mani.......2

M MODE & 2D Measurements

_	Observed values	Normal values
Aortic root diameter	25	20-34(mm)
Left atrium size	23	19-40(mm)
Left Ventricular Size diastole	38	ED 37-56(mm)
Left Ventricular Size systole	25	ES 22-40 (mm)
Inter ventricular Septum diastole	11	ED 6-10(mm)
Posterior Wall thickness diastole	10	ED 6-10(mm)
End Diastolic Volume	62	
End Systolic Volume	28	*************************************
LV Ejection Fraction (%)	55-60%	55%-75%

2D EXAMINATION DESCRIPTION

2D and M Mode examination done in multiple views revealed fair movement of both mitral leaflets. Aortic valve has three cusps & cusps are mildly thickened. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Ascending Aorta is normal. Interatrial septum and interventricular septum are intact.

Dimension of left atrium and left ventricle are normal. No regional wall motion abnormality seen. Global LVEF is 55-60%. No intracardiac mass or thrombus seen.

Dr. Pradeop Kumar Nayak Senjar Consultant - Cardiology

Dr. Sonali Dutta
Associate Consultant - Cardiology

Dr. Rakesh BachlooConsultant - Cardiology

Note:- This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.



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73700-73700



Patient Name	Uma Mani	Requested By	Dr. PRAVEEN ROY
MRN	15050000150267	Procedure DateTime	2023-04-13 12:01:20
Age/Sex	59Y 10M/Female	Hospital	NH-Dharamshila

Inv. No: 172

X-RAY MAMMOGRAPHY BOTH BREASTS

(CC & Medio-Lateral views)

Report:

Breast parenchyma ACR type C.

Dense fibroglandular tissue in bilateral outer quadrants mainly in CC views - BIRADS 0 (Advise : USG breast correlation).

No microcalcification or architectural distortion seen in either breast.

Skin and nipple areolar complex are normal.

Accessory breast tissue in left axillary fold noted.

Impression: Dense fibroglandular tissue in bilateral outer quadrants - BIRADS 0 (Advise: USG breast correlation).

Parenchyma ACR Type:

- a. Entirely fatty
- b. Scattered areas of fibro glandular density.
- c. Heterogeneously dense may obscure small mass.
- d. Extremely dense lowering sensitivity.

BIRADS Category:

- 0. Need Additional Imaging Evaluation or Prior Mammograms for comparison
- Negative There is nothing to comment on.
- 2. Benign finding
- Probably benign finding (<2% malignant). Initial Short Interval Follow Up Suggested.

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- 4. Suspicious Abnormality (2 95 % malignant). Biopsy Should Be Considered.
- 5. Highly Suggestive of Malignancy (> 95 % malignant). Appropriate Action Should be taken
- 6. Known Biopsy-proven malignancy.

Dr. HARMEET KAUR MBBS MD (Radiodiagnosis)

CONSULTANT RADIOLOGIST DMC - 63518



