

Name : Mrs. YASHODHA

PID No. : MED112005263

SID No. : 712343032

Age / Sex : 30 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM

Collection On : 22/12/2023 11:06 AM

Report On : 22/12/2023 5:18 PM

Printed On : 28/02/2024 4:09 PM



Investigation

Observed Value

Unit

Biological Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'

A handwritten signature in black ink, appearing to read "S. Mohan Kumar".

Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

A handwritten signature in black ink, appearing to read "DR KIRAN H S MD".

DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

Name : Mrs. YASHODHA

PID No. : MED112005263

SID No. : 712343032

Age / Sex : 30 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM

Collection On : 22/12/2023 11:06 AM

Report On : 22/12/2023 5:18 PM

Printed On : 28/02/2024 4:09 PM



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

## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	<b>9.6</b>	g/dL	12.5 - 16.0
---	------------	------	-------------

**INTERPRETATION:**Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking , high altitudes , hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	<b>31.2</b>	%	37 - 47
--	-------------	---	---------

RBC Count (EDTA Blood/Automated Blood cell Counter)	4.56	mill/cu.mm	4.2 - 5.4
--	------	------------	-----------

MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	<b>69.0</b>	fL	78 - 100
--	-------------	----	----------

MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	<b>21.0</b>	pg	27 - 32
--	-------------	----	---------

MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	<b>30.6</b>	g/dL	32 - 36
---	-------------	------	---------

RDW-CV (Derived)	<b>17.4</b>	%	11.5 - 16.0
---------------------	-------------	---	-------------

RDW-SD (Derived)	42.02	fL	39 - 46
---------------------	-------	----	---------

Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6410	cells/cu.mm	4000 - 11000
---	------	-------------	--------------

Neutrophils (Blood/Impedance Variation & Flow Cytometry)	58	%	40 - 75
---	----	---	---------

Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	35	%	20 - 45
---	----	---	---------



**Mr. S. Mohan Kumar**  
Sr. Lab Technician

VERIFIED BY




**DR KIRAN H S MD**  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

Name : Mrs. YASHODHA

PID No. : MED112005263

SID No. : 712343032

Age / Sex : 30 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM

Collection On : 22/12/2023 11:06 AM

Report On : 22/12/2023 5:18 PM

Printed On : 28/02/2024 4:09 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.72	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.24	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	274	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	12.4	fL	8.0 - 13.3
PCT	<b>0.34</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	12	mm/hr	< 20

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
DR KIRAN H'S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

Name : Mrs. YASHODHA

PID No. : MED112005263

SID No. : 712343032

Age / Sex : 30 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM

Collection On : 22/12/2023 11:06 AM

Report On : 22/12/2023 5:18 PM

Printed On : 28/02/2024 4:09 PM



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

**BIOCHEMISTRY**

**Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.6	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.40	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.24		1.1 - 2.2

**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	11	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	56	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21	U/L	< 38



Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY




DR KIRAN H'S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

Name : Mrs. YASHODHA

PID No. : MED112005263

SID No. : 712343032

Age / Sex : 30 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM

Collection On : 22/12/2023 11:06 AM

Report On : 22/12/2023 5:18 PM

Printed On : 28/02/2024 4:09 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	181	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	110	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)	30	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	129	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	151.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

Name : Mrs. YASHODHA  
PID No. : MED112005263  
SID No. : 712343032  
Age / Sex : 30 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM  
Collection On : 22/12/2023 11:06 AM  
Report On : 22/12/2023 5:18 PM  
Printed On : 28/02/2024 4:09 PM



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

**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)	6		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)	3.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---

Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



DR KIRAN H'S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

Name : Mrs. YASHODHA  
PID No. : MED112005263  
SID No. : 712343032  
Age / Sex : 30 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM  
Collection On : 22/12/2023 11:06 AM  
Report On : 22/12/2023 5:18 PM  
Printed On : 28/02/2024 4:09 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.9	%	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 122.63 mg/dl  
(Whole Blood)

**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 glyemic 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.

Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



DR KIRAN H'S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

Name : Mrs. YASHODHA  
 PID No. : MED112005263  
 SID No. : 712343032  
 Age / Sex : 30 Year(s) / Female  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM  
 Collection On : 22/12/2023 11:06 AM  
 Report On : 22/12/2023 5:18 PM  
 Printed On : 28/02/2024 4:09 PM



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

**BIOCHEMISTRY**

BUN / Creatinine Ratio	14.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	81	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	111	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 Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.5	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.6	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/Uricase/Peroxidase)	3.5	mg/dL	2.6 - 6.0
---	-----	-------	-----------



VERIFIED BY



APPROVED BY







Name : Mrs. YASHODHA  
PID No. : MED112005263  
SID No. : 712343032  
Age / Sex : 30 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 22/12/2023 10:19 AM  
Collection On : 22/12/2023 11:06 AM  
Report On : 22/12/2023 5:18 PM  
Printed On : 28/02/2024 4:09 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

-- End of Report --

Name	Mrs. YASHODHA	ID	MED112005263
Age & Gender	30/FEMALE	Visit Date	22/12/2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended.  
**PANCREAS** has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.  
**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well made out.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.7	1.7
Left Kidney	9.5	1.7

**URINARY BLADDER** is partially distended.  
**UTERUS** is normal shape and size. It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness 4.0 mms.

Uterus measures as follows: LS: 6.8cms      AP: 4.1cms      TS: 5.2cms.

**OVARIES** are normal size, shape and echotexture.  
Right ovary measures: 30x2.1cms      Left ovary measures: 2.7x2.3cms

POD & adnexa are free.

No evidence of ascites.

### IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

#### REPORT DISCLAIMER

1.This is only a radiological impression. Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.  
2.The results reported here in are subject to interpretation by qualified medical professionals only.  
3.Customer identities are accepted provided by the customer or their representative.  
4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.  
5.If any specimen/sample is received from any others laboratory/hospital, it is presumed that the sample belongs to the patient identified or named.  
6.Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,  
8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.  
9.Liability is limited to the extend of amount billed.  
10.Reports are subject to interpretation in their entirety. partial or selective interpretation may lead to false opinion.  
11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts Chennai only.

Name	Mrs. YASHODHA	ID	MED112005263
Age & Gender	30/FEMALE	Visit Date	22/12/2023
Ref Doctor Name	MediWheel		

## CONSULTANT RADIOLOGISTS

**DR. ANITHA ADARSH**

MB/mm

**DR. MOHAN B**

### REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	Mrs. YASHODHA	ID	MED112005263
Age & Gender	30Y/F	Visit Date	Dec 22 2023 10:18AM
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: No significant abnormality detected.***



**DR. MOHAN. B**  
(DMRD, DNB, EDIR, FELLOW IN CARDIAC  
MRI)  
CONSULTANT RADIOLOGIST